

Accredited by the
American Psychological
Association

2016-2017

PSYCHOLOGY RESIDENCY PROGRAMS



Louis Stokes Cleveland
Veterans Affairs
Medical Center

Psychology Service 116B (W)
10701 East Boulevard
Cleveland, Ohio 44106



This is the back of the cover page.

TABLE OF CONTENTS

<u>Cleveland Living</u>	1
<u>Northeast Ohio Diversity</u>	2
<u>Louis Stokes Cleveland VA Medical Center</u>	3
<u>Psychology Service</u>	5
<u>Residency Program</u>	6
<u>Core Curriculum</u>	9
<u>Application Procedures</u>	12
<u>Stipend</u>	13
<u>Clinical Health Psychology Program</u>	14
<u>Specialty Medicine Clinics</u>	14
<u>Health Psychology in Transforming Outpatient Care</u>	17
<u>Hepatitis C and HIV</u>	19
<u>Geropsychology</u>	22
<u>Pain Psychology</u>	25
<u>Clinical Neuropsychology Residency Program</u>	31
<u>Clinical Psychology Program</u>	40
<u>Psychosocial Rehabilitation of the Seriously Mentally Ill</u>	40
<u>Community Inclusion for the Seriously Mentally Ill</u>	45
<u>Posttraumatic Stress Disorder</u>	48
<u>Substance Abuse and Process Addictions</u>	51
<u>Marriage and Family</u>	55
<u>Rehabilitation Psychology Program</u>	63
<u>Other Staff Qualifications</u>	67

This is the back of the contents page.

CLEVELAND LIVING

Cleveland and northeast Ohio are rich with cultural, educational, culinary, and recreational opportunities. Louis Stokes Cleveland VA is located in [University Circle](#), at edge of the [Rockefeller Cultural Gardens](#), along with such esteemed neighbors as Cleveland's renowned and newly expanded [Museum of Art](#), [Cleveland Botanical Gardens](#), [Museum of Natural History](#), [Western Reserve Historical Society](#), Case Western Reserve University, Cleveland Institute of Art, and Cleveland Institute of Music. Kent State University, Cleveland State University and the University of Akron are major educational institutions within easy driving distance.



View of Downtown Cleveland by
Kristin Cassidy (with permission)

Severance Hall at University Circle is the winter home of the [Cleveland Orchestra](#), one of the world's finest. In the summer the orchestra plays at [Blossom Music Center](#), alternating with other popular music concerts. Cleveland's music scene stretches across a multitude of genres and venues including the [Rock and Roll Hall of Fame](#), [Cain Park Arts Center](#), [Beachland Ballroom](#), [House of Blues](#) and many other intimate nightclubs featuring big name acts. The [Scene Magazine](#) keeps the pulse of the local entertainment scene, reporting on venues and styles to suite many different tastes. [Playhouse Square](#) is the largest performing arts center outside of New York, and hosts dozens of productions yearly including Broadway greats and nationally touring celebrities.

Sports fans have their choice of excitement with the Cleveland [Browns](#), [Indians](#), and [Cavaliers](#), as well as numerous opportunities for other affordable second tier professional sports. Outdoor recreation opportunities abound including beaches and boating on Lake Erie, hiking, running, and biking in the [Cleveland Metropark's](#) "Emerald Necklace", [Cuyahoga Valley National Park](#), and numerous nearby state parks and recreational sites. There is a Nordic skiing center in the just east of Cleveland in the Metropark, four alpine ski areas within an hour's drive, and more alpine and Nordic skiing within three hours. Canoeing and kayaking have become increasingly popular, with several liveries around Cleveland.

History, diversity, and culinary delights are found in Cleveland neighborhoods such as Slavic Village, Detroit Shoreway, Warehouse District, Little Italy, Collinwood, Ohio City, Shaker Square, Stockyards, and Tremont. The diversity of ethnic groups established in the Cleveland area adds to the community's charm as well as to its culinary pleasures. These neighborhoods and the nearby suburban areas offer a wide range of accommodations, including apartments, condominiums, and single-family dwellings. Many trainees have been pleasantly surprised by lower housing costs and living expenses than are found in many metropolitan areas, and have remained in the community to begin their professional careers.



Cleveland Botanical Garden and Case Western Reserve

NORTHEAST OHIO DIVERSITY

[Live Cleveland](#) states it well: “The City of Cleveland is an exceptional Midwestern community . . . made up of many vibrant neighborhoods, each offering fantastic amenities and various lifestyle opportunities. Diversity is evident throughout, as Cleveland is home to more than 75 different nationalities and ethnic communities . . . Our wonderful neighborhoods are filled with engaging residents, a thriving business community with an energetic workforce, and an amazing collection of arts, culture, entertainment and recreational opportunities.”

Northeast Ohio suburbs lead state in ethnic diversity, census numbers show. By Dave Davis, *Cleveland Plain Dealer*, October 27, 2011. “Northeast Ohio is hands-down the most ethnically diverse area in the state . . . Six of Ohio's seven most ethnically diverse cities were Cleveland-area suburbs - Solon, Brunswick, Parma, North Olmsted, Avon and Wadsworth. . . . The current challenge is to be American," said Kenneth Kovach, executive director of the International Community Council, an umbrella organization for the 117 ethnic groups that call northeast Ohio home. . . . Kovach added that the ethnic fabric remains strong . . . [through] cultural organizations [that] continue to teach the language and traditions of their homeland.” [PD Article](#)



Dance Afrika performs the Samba at the Children's Games. With permission from Lynn Ischay, Plain Dealer

The Medical Center is an HEI 2013 Leader in LGBT Healthcare Equality. Chaplain Service supports religious diversity with staff spiritual consultation in major religions and through community partnerships for religions not represented among staff. They have won a Best Practices Award in spiritual assessment.



LOUIS STOKES CLEVELAND VA MEDICAL CENTER



The LSCVAMC is one of the most diverse in the VA system, with a full array of services consolidated at our newly renovated and greatly expanded Wade Park (WP) Campus in University Circle. The WP Campus complex consists of over 600 inpatient beds and provides comprehensive inpatient and outpatient care to medical and psychiatric patients. In spring 2012, an entirely new facility with comprehensive primary and specialty outpatient care services was opened in the nearby suburb of Parma. The Medical Center includes thirteen community-based satellite outpatient

clinics situated across Northeast Ohio. Under the umbrella of one coordinated healthcare system, it provides comprehensive health care services to veterans and their families in this large catchment area. The patient population includes a broad spectrum of socioeconomic and ethnic groups. For mental health services alone, 20,000 veterans amass over 100,000 visits at our facility. The Medical Center is heavily invested in training health care professionals and in basic and applied research, and supports several Centers of Excellence in healthcare. Residents and medical students from affiliated Case Western Reserve University School of Medicine train at the Medical Center in all major specialties. Affiliations are maintained with a large number of universities for professional training in a number of other health care disciplines including psychology, social work, nursing, dentistry, audiology and speech pathology, optometry, pharmacology, physical and occupational therapy, and nutrition. Over 1,000 health care profession students per year train at the Medical Center.

The VA is the largest provider of health care training in the United States, including the nation's most extensive psychology training program. VA medical facilities are teaching hospitals affiliated with 107 of the nation's 126 medical schools. Training programs address critical training needs for skilled health care professionals who serve the entire nation. In recent years, support for education increased greatly and new internship and residency training program positions have been created. These additional positions have encouraged innovation in education to improve patient care, promote interdisciplinary training, and incorporate state-of-the-art models of clinical care. These include emphasis on evidence based practices, quality improvement, patient safety programs, and an unparalleled electronic medical record system.

The Wade Park Campus is located five miles east of downtown Cleveland within University Circle, a major healthcare, educational, and cultural area of the city. Services include inpatient and partial hospitalization units treating serious mental illness and dual diagnosis conditions, a psychiatric emergency room, the Veterans Addiction Recovery Center - a comprehensive inpatient and outpatient substance abuse program including a national Gambling Addiction Program, our PTSD Clinical Team residential unit, acute and intermediate medicine, surgery, spinal cord injury, geriatrics, neurology, and physical medicine and rehabilitation. Outpatient services focus on mental health and on primary medical care with psychologists as full participants on these teams. Special clinical programs and services include a Pain Management Center, the Day Hospital partial hospitalization program, cardiothoracic surgery, a Women's Health Clinic, radiology service, and an innovative ambulatory surgery short stay unit. The Campus also includes the Community Living Center (our nursing home) and Domiciliary, both housed in newly constructed buildings. There are also two community-based Vet Centers which provide readjustment counseling for Vietnam, Korea, Desert Storm, and OEF/OIF veterans.

The Parma Campus is located southwest of Cleveland in an adjacent suburb. It provides comprehensive outpatient primary care, mental health, and substance abuse services, with psychologists involved in all of the programs. Specialized neuropsychological services are also available.

Our research program is among the largest in the Department of Veterans Affairs, with clinical and basic researchers known nationally and internationally for their contributions to science. The total research budget from all sources is ten million dollars.

The community-based satellite outpatient clinics (CBOCs) including Akron, Canton, and Youngstown provide a range of outpatient medical, dental, mental health, and rehabilitation services to patients in those geographical areas. All locations are connected by high capacity broadband networking capable of providing real time conferencing and Clinical Video Telehealth (CVT) connections. Clinical Video Telehealth, Telemental Health, and Home Telehealth operations are being implemented across the system. Telehealth educational and evidence-based intervention practices are being implemented via CVT to better serve our rural and home-bound veterans, and to continue to provide services during unanticipated extreme weather events.



PSYCHOLOGY SERVICE

The Medical Center is organized around both service delivery and professional identity, with mental health programs in Outpatient Psychiatry, the Veterans Addiction Recovery Center, PTSD Clinical Team, Recovery Resource Center, Neuropsychology, General Medicine, Geriatrics, Cardiology, Pain Management, Spinal Cord Injury, and Infectious Disease clinics. Over 60 psychologists in our service provide comprehensive services to patients and their families in these areas and other specialty clinics throughout the Medical Center. They serve as members of interdisciplinary treatment teams in psychiatric care, as consulting and unit psychologists in specialized medical units, and as coordinators or program managers of several patient care programs. In addition to clinical and administrative duties, psychologists are also actively involved in research and training. The variety of program involvement creates a wide range of professional activities in which a resident may engage, and a large, diverse, and experienced staff with whom to interact. Psychology Service is the direct administrative umbrella for most psychologists in the main medical centers. The Chief of Psychology Service is ultimately responsible for discipline-specific professional activity including hiring, credentialing and privileging, program assignments, performance and peer reviews, and training programs. The Director of Psychology Training manages the day-to-day operation of the Psychology Internship Program and Psychology Postdoctoral Residency Training Program.

The Louis Stokes Cleveland Veterans Affairs Medical Center (LSCVAMC) provides Residency and Internship training in Professional Psychology and is fully accredited by the American Psychological Association. Qualified candidates who have completed APA accredited doctoral programs in clinical or counseling psychology are eligible to apply for residency. Our Residencies provide a wide range of training opportunities because of the complexity of the Medical Center.



RESIDENCY PROGRAMS

The Louis Stokes Cleveland VA Medical Center (LSCVAMC) offers Postdoctoral Residency Programs in Clinical Psychology, Clinical Health Psychology, Clinical Neuropsychology, and Rehabilitation Psychology. Each program is separately APA Accredited. The Clinical Psychology Residency was reaccruited for five years in 2013. The Clinical Health Psychology and Rehabilitation Psychology Residencies were Initially Accredited for five years in 2013. The Clinical Neuropsychology Program was Initially Accredited for seven years in 2011. At this writing, our facility houses the greatest number of separately accredited postdoctoral residency programs in the entire nation. Prospective Residents may apply to, and be considered for, more than one Residency Program and for more than one Special Emphasis Area within a Residency Program. However, we require separate letters of interest and separate work samples for each application.

MISSION, VISION, AND VALUES

MISSION

The mission of the LSCVAMC Psychology Training Programs is to provide the highest quality general, prespecialization, and specialty training to diverse cohorts of doctoral and postdoctoral psychology trainees to prepare them for autonomous professional practice.

VISION

Our programs will be recognized for their scope, depth, and quality by virtue of (1) achieving and maintaining APA Accredited status, (2) embodying and modeling leadership through the introduction and implementation of innovative and empirically validated treatments, and (3) acknowledgment by national, regional, and local administrative entities both within and outside the Department of Veterans Affairs.

VALUES

Providing supervised clinical experiential training, the delivery of which serves the holistic needs of the diverse Veteran population, by (a) evaluating presenting issues with the most valid techniques, (b) preventing and ameliorating health care problems, (c) empowering Veterans with coping skills for behavior change, (d) providing person-centered care, and (e) fostering recovery. Developing, enhancing, and maximizing the competencies of trainees, with an emphasis on multicultural competence, appropriate to their program of study and level of training. Recruiting and selecting the highest quality trainees, emphasizing appointment of maximally diverse cohorts as a core value to provide multiple perspectives. Imparting knowledge to trainees in (a) the application of psychological science to practice, (b) professional comportment and decorum, and (c) ethically responsible judgment in decision-making. Maintaining and enhancing the competencies of supervisors through support of their continuing professional development.

Goals and Objectives: The goal of the Postdoctoral Residency Programs in Clinical Health Psychology, Clinical Psychology, and Rehabilitation Psychology is to provide an intensive and extensive core of specialized expertise in clinical work with the relevant populations, including assessment, intervention, consultation, and interdisciplinary team experience, as well as scholarly, teaching, and research activities. The goal of the Postdoctoral Residency Program in Clinical Neuropsychology is to provide

science and research based specialized expertise in clinical work with the relevant populations, including assessment, consultation, intervention, and interdisciplinary team experience, as well as scholarly, teaching, and research activities.

Residents should already possess the journeyman level of competence in basic skills. The Residencies seek to extend and deepen these skills, as well as to afford the Residents the opportunity to solidify their emerging professional identities. This is actualized by specifying general *Foundational* and *Functional Competencies* for all Residents as well as *Advanced Functional Competencies* in their special emphasis areas. The Clinical Neuropsychology Resident further attains *Functional Specialty Competencies* in clinical neuropsychology.

Program training objectives include attainment of the general competencies listed below, as well as the Advanced or Specialty Functional Competencies for each Residency.

The Foundational Competencies are:

1. Relationships: Sensitivity to welfare, rights and dignity of others, and ability to maintain effective relationships with a wide-range of clients, recipients of service, colleagues, and the public. Effective and clear communication in interactions.
2. Individual and Cultural Diversity: Knowledge, sensitivity, and skill in working with persons representative of all aspects of individual and cultural diversity. Pursuit of consultation when unsure about diversity issues with others, and selection/utilization of culturally appropriate skills and techniques.
3. Ethical and Legal Standards: Utilizes ethical decision-making model, including identification of ethical dilemmas. Pro-active management of complex ethical and legal issues, and application of ethical concepts in all professional activities.
4. Professionalism: Demonstrated professional values, attitudes, and behaviors that represent integrity, personal responsibility, and adherence to professional standards. Seeks consultation and supervision when necessary.
5. Reflective Practice/Self-Assessment: Ongoing assessment of professional strengths, weaknesses, and competencies required for practice. Practices within boundaries of competence, with consultation and/or supervision, as needed.
6. Science, Knowledge, and Evidence-Based Practice: Understanding of and ability to critically discuss research findings and scientifically derived constructs that inform clinical practice. Demonstrates capacity to integrate current research literature into clinical practice. Ability to integrate knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, with client preferences.
7. Interdisciplinary Systems: Demonstrates awareness of relevant issues within related disciplines and organizations. Demonstrates skill in interdisciplinary collaboration and team planning, effective communication across professions and systems, and respectful appreciation and integration of others' perspectives.

The Functional Competencies are:

1. **Assessment/Diagnosis/Conceptualization:** Demonstrates biopsychosocial case conceptualization and diagnostic assessment that is grounded in science-based theory, research, and practice. Demonstrates understanding of issues related to: choice of assessment methods and approaches; understanding of the construct being assessed; basic psychometric constructs and use of appropriate normative data in a health care setting. Able to communicate in written and verbal reports, the diagnostic, assessment, and conceptualization findings for clients, collaterals, and professionals.
2. **Intervention:** Demonstrates understanding of issues related to choice and design of intervention, and awareness of relevant evidence-based literature. Selects and performs interventions effectively, including evaluation of treatment progress and outcomes. Attention is paid to relationships, individual and cultural diversity, ethical foundations, and client preferences.
3. **Research and/or Evaluation:** Demonstrates skills in scholarly research using appropriate procedures and essential knowledge of scientific methods; and/or skills in the design, implementation, and evaluation of practice or program effectiveness, including needs assessment, application of relevant literature, and utilization of quantitative and qualitative outcomes.
4. **Supervision:** Demonstrates skills in supervised supervision of psychological trainees, including articulation of a model of supervision that incorporates the professional developmental level of the supervisee. Demonstrates awareness of diversity factors and impact of self in supervision, and maintains ethical supervisory relationships.
5. **Consultation/Teaching:** Demonstrates capacity to effectively provide instruction to others based upon scientific literature in the subject matter. Effectively communicates and applies knowledge and perspective in consultation with others, including provision of accurate verbal and/or written feedback.

Specific competencies for each specialty or special emphasis area are organized under the area curriculum descriptions.

SUPERVISION

To the extent possible, the Psychology Training Programs utilize a 'vertical team' concept, where staff psychologist supervisor, Resident, Psychology Intern, and occasionally practicum students all provide psychological services in the same rotation area, consistent with their respective level of training.

Formally scheduled supervision is provided to the Resident by the rotation supervisor on an individual basis for a minimum of two hours weekly. Unscheduled supervision is also readily available. Residents also participate in the supervision of other predoctoral trainees in the 'vertical team' hierarchy. Small group didactic discussion/supervision of interesting or complex clinical cases is another feature of the 'vertical team' learning environment.

CORE REQUIRED CURRICULUM

1. **Professional Issues Seminar:** A mandatory monthly seminar for all Residents is conducted with the Director of Psychology Training. Topics include both professional issues and content areas of shared interest. This seminar is open to supervisors and staff.
2. **Supervision Seminar:** A mandatory monthly seminar for all Residents is conducted encompassing both didactic and experiential components of supervision. Residents (Clinical Psychology, Clinical Neuropsychology) rotate responsibility for presenting a case example of trainee supervision and facilitating a discussion of relevant supervision issues. This seminar is open to supervisors and staff.
3. **Continuing Education:** Ongoing education is integral to the Residency program. In addition to the monthly Professional Issues and Supervision Seminars, attendance at least one other formal continuing education activity is required each month. The Resident and Major Preceptor will discuss training needs and preferences throughout the Residency year, as well as relevant scheduled educational options.
4. **Community Mental Health Board (1 site visit):** Residents attend a local county mental health board meeting to observe psychologists' expanded professional roles in the community. Subsequent organized discussion of this experience and community roles for psychologists occurs at a Professional Issues Seminar.
5. **Clinical Psychology Residents Additional Required Seminar.** Residents in the SMI, PTSD, and Substance Abuse SEA's attend an additional monthly Clinical Psychology Seminar, focusing on specialized content areas, advanced techniques, and presentation of scholarly topics.
6. **Clinical Health Psychology Residents Additional Required Seminar:** Residents in Primary Care, Specialty Medical Clinics, Geropsychology, and Rehabilitation Psychology attend an additional monthly Health Psychology Seminar, emphasizing pertinent contemporary topic presentations, discussion of the literature, and case presentations.
7. **Rehabilitation Psychology Resident Additional Required Seminar:** Rehabilitation Psychology Residents and Program Faculty rotate in making presentations on rehabilitation competency areas, such as the history of Rehabilitation Psychology specialty, adjustment to disability, assessment, and case conceptualization.

Required Scholarly Research/Program Evaluation Project

The Resident undertakes a clinical or applied research or program evaluation project to be completed during the Residency year. Within the first month, the Resident will complete mandatory training in good clinical practice and human subject protection, and VA research credentialing required by the local Institutional Review Board. By the third month of the Residency, the Resident will have a plan for a defined research or program evaluation project. This project is to include literature review, methodology, data collection or review, and conclusions. The results will be presented formally by the Resident by the conclusion of the Residency year at Grand Rounds. The Resident may elect to become involved in an ongoing project at the training site, or to develop an investigator-initiated project.

Required Teaching and Supervision Experiences

1. **Colloquium/Staff Education Presentation:** As indicated above, each Resident prepares a Continuing Education-level presentation in an area of expertise acquired during the Residency year. This will be presented at a suitable venue, such as a regularly-scheduled Grand Rounds, in the latter months of the Residency year.
2. **Umbrella Training Supervision of Predoctoral Interns:** The Residents provide formal supplementary “umbrella” training supervision to one or more predoctoral psychology interns. This umbrella supervision training experience occurs under the direct supervision of a rotation supervisor, with feedback both from the supervisor and supervisee.
3. **Group consultation with interns:** Residents rotate in moderating a biweekly group case consultation discussion with Psychology Interns, affording experience with this supervision modality.

Representative Available Didactic Experiences for Residents:

1. ***The Louis Stokes Cleveland GRECC:*** The GRECC was established to develop, implement and disseminate innovative programs to maintain independence, prevent disability, and improve quality of life for older veterans. The clinical arm of the GRECC was successful in enabling the GEM to obtain a Program of Excellence Award in late 2001. Clinical demonstration programs include preventive and rehabilitative interventions, as well as new protocols to improve medication compliance, and other successful initiatives including the Hospice/Palliative Care Initiative. The education arm of the GRECC strives to advance quantity and quality of education in geriatrics and gerontology across the disciplines, with continued emphasis on training of medical and associated medical trainees. The GRECC cosponsors the Topics in Geriatric Medicine Series (See 3, below). Considerable interaction among the disciplines occurs.
2. ***Psychiatry Grand Rounds:*** This series provides a variety of content relevant to mental health. It is approved for continuing education credit by the Ohio Psychological Association, as well as for most healthcare professions within the state. Presenters include local and national VA staff, affiliated university educators, and outside consultants.
3. ***Topics in Geriatric Medicine Series:*** This series offers weekly seminars on subjects relevant to the elderly. Local experts as well as nationally renowned figures present on topics such as dementia, acute confusional states, older persons’ capacity to drive, perceptual functioning and information processing, affective disorders and substance abuse.
4. ***The Western Reserve Geriatric Education Center:*** Located one-half mile from the Wade Park campus, the Center provides a broad program in continuing education and curriculum development in geriatrics. The Center has coordinated the training for students from 14 different disciplines and 20 different university programs including psychology. The Center cosponsors the Topics in Geriatric Medicine lecture series. The Geropsychology Resident has ready access to all relevant continuing education offerings.
5. ***Case Western Reserve University Psychiatry Grand Rounds:*** This series is conducted at the CWRU Department of Psychiatry and is open to staff and trainees from other institutions. It also provides high quality education on a range of mental health topics.

6. **Psychology Intern Seminars (Health Psychology and Mental Health Series):** Each series is conducted weekly for a two-hour period. These seminars provide in-depth treatment of a range of topics, often in a mini-course format, at a level approved for Medical Center continuing education.
7. **Institutional Review Board (1 site visit):** Residents have the opportunity to observe a meeting of the local Institutional Review Board (IRB). The IRB is comprised of professional and community members who share the responsibility for insuring that human studies research at this medical center is conducted under the most rigorous ethical standards to assure the protection of the rights, welfare, and safety of the veteran patients under our care. Psychologists' roles within the Human Studies Subcommittee will be discussed with active IRB psychologist member(s).
8. **Educational Events:** Psychology Service sponsors Continuing Education events featuring nationally prominent presenters. These are offered for continuing education credits for several professions and are open both to VA and non-VA staff and students. In recent years, the following experts have presented workshops or lectures in this series:

2008 Morgan Sammons, M.D., Ph.D. on Prescriptive Authority for Psychologists
2009 William Miller, Ph.D. on Motivational Interviewing
James Prochaska, Ph.D. on Stages of Change
Stephen Behnke, J.D., Ph.D. on Multidisciplinary Professional Ethics
2010 Steven Hayes, Ph.D. on Acceptance and Commitment Therapy
Stephanie Covington, Ph.D. on Addiction and Trauma in Women
2013 Scott Stuart, M.D. on Interpersonal Psychotherapy
2014 Kenneth Adams, Ph.D. on Ethical Treatment Across the Lifespan
2014 Yossef Ben-Porath, Ph.D. on the MMPI-2-RF
2015 Bob Stinson, Psy.D., ABPP on Mandatory Reporting

RESIDENCY PROGRAM EVALUATION

At the beginning of each Resident's training at each site, the Major Preceptor meets with the Resident to discuss the Foundational and Functional Competencies to be developed. Opportunity is provided for Residents to develop more detailed training objectives building on the competencies. This permits the Residents to tailor the training experience to allow more individualized professional goals.

Self-assessment of competencies and training needs is a required component at each stage of our evaluation process. At the mid-point of training at each rotation, formal written evaluation of the Resident's progress is prepared by each Supervisor and Resident, and submitted to the Major Preceptor. Residents whose performances are not at an expected level of competence will be advised regarding the problem areas in their performance, and a specific plan to remediate those weaknesses will be developed. At the end of each training rotation, Residents participate in final ratings, including evaluation of the Site of Training.

APPLICATION PROCEDURES

Applicants must be citizens of the United States and have successfully completed APA accredited clinical or counseling psychology doctoral and internship programs. Application materials may be obtained from and completed applications sent to the Application Address listed below.

The Clinical Neuropsychology Residency and Rehabilitation Psychology Programs are two-year programs. We are accepting applications for both programs for the 2016-2017 year. New residents will be selected for both programs in early 2016. The Clinical Neuropsychology Residency Program participates in the Association of Postdoctoral Programs in Clinical Neuropsychology Residency Matching Program and will release results on APPCN Match Day February 28, 2016.

Eligibility Requirements

1. U.S. citizenship.
2. Successful completion of an APA-accredited Doctoral program in Clinical or Counseling Psychology, including APA-accredited Doctoral Internship.
3. All requirements for the doctoral degree must be completed prior to the start date.

Application Requirements

1. Curriculum Vitae
2. Statement of applicant's interest in the program emphasis area to be pursued. (a separate distinct letter for each application/area of interest)
3. Federal Form OF2850d "Application for Health Professions Trainees" Federal form. (Located at <http://www.va.gov/oaa/archive/OF306.pdf>)
4. Federal Form OF306 Declaration form for Federal employment. (Located at <http://www.va.gov/oaa/archive/VAFORM10-2850d.pdf>)
5. Letter of recommendation from the Director of Training of the applicant's Internship program
6. Two letters of recommendation from supervisors who can address the applicant's capability in the emphasis area to which he/she is applying.
7. A Work Sample of psychological assessment (a separate one for each application/area of interest)
8. Official transcripts of graduate work.

You may apply to more than one area and submit one total package, however you must make clear you are doing so and send separate letters of interest and work samples for each area.

APPA - CAS Online

The Clinical Psychology, Clinical Health Psychology, and Rehabilitation Psychology Residencies are registered with the online APPIC Psychology Postdoctoral Application Centralized Application System. Applicants should use that system for their applications. You may include all application materials with the APPA. **If there is a problem with submission, please submit the basic requirements in the APPA and email or mail the remainder of required materials to the LSVAMC Director of Training.**

Application materials should be received by TUESDAY, DECEMBER 15, 2015.

Application Address

Robert W. Goldberg, Ph.D., ABPP
Director of Psychology Training 116B (W)
Louis Stokes Cleveland VAMC
10701 East Blvd.
Cleveland, Ohio 44106
216-791-3800 ext 6822

Email: Robert.Goldberg2@va.gov

Cc: Judith.Rosen2@va.gov

The Clinical Health, Clinical, and Rehabilitation Psychology Residency Programs will begin making offers from the pool of qualified applicants **AS THEY ARE RECEIVED**. Offers will be made based on applicant rank order in the respective Programs and will be made continuously until all Residency positions are filled. The Clinical Neuropsychology program participates in the AAPCN computer match.

Questions regarding the accreditation of the Residencies may be addressed to:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street N.E.
Washington, D.C. 20002-4242
Phone: (202) 336-5979
Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Telephone inquiries about our program are invited at (216) 791-3800, x6822. We encourage diversity in our Residency cohort and invite application by qualified ethnic minority group members.

Start Date

Early-September 2016

Stipend

\$ 43,912 pa	First Year
\$ 46,285 pa	Second Year

Benefits

Health insurance, 13 days paid Annual Leave and up to 13 days of Sick Leave, 5 days if Authorized Absence with pay for attendance at approved conferences.

CLINICAL HEALTH PSYCHOLOGY PROGRAM

I. SPECIALTY MEDICINE CLINICS

(1 Resident)

Psychologists have been embedded within medical specialty care delivery units at this medical center since 1974. At present, there are several Health Psychologists assigned to these areas and available for supervision of the Resident. These areas have served as internship training rotations for up to 33 years. The philosophy of our program is first to develop a well-versed generalist psychologist with developing skills in assessment and treatment of common health problems. The Resident works as a member of an interprofessional health care team with emphasis on the biopsychosocial model of evidence-based clinical care along with quality scholarship and empiricism.

The goals of the program are multifaceted. They are to educate the Resident in the many roles played by a health psychologist specialist working in an interdisciplinary team; acknowledge the importance of and utilize the developmental, biopsychosocial, and systemic approaches to patient care in various specialty clinics; appreciate and learn the practice of acute to chronic care of patients with both life-threatening and life-long disease processes; foster clinical and empirical collaboration; learn how to intervene in practitioner-patient-family dynamics; and learn how to import expertise as a behavioral health specialist to the health care team.

The Resident participates in a year-long clinical training program (32 hours weekly) in various specialty clinical areas. The Resident will be required to participate in the one Core Clinical Specialty Area (Cardiology/Solid Organ Transplant Team) for 12 months and 2 an additional rotation (6 months each) detailed below. All rotations include teaching, scholarly and intern supervisory activities in addition to clinical experiential training.

Advanced Functional Competencies for the Resident in Primary Care:

1. Interprofessionalism in Health Care: Values Interprofessional team approach in delivering patient-centered care and values self as essential team member in delivery of care to patient. Develops collaborative relationships to promote health. Interprofessional team functioning characterized by mutual respect.
2. Professional identity as a clinical health psychologist: Values the culture of the medical/health care setting and conveys an attitude of flexibility (i.e., adapts to a medical/health care environment, including frequent interruptions, fast pace of clinic, immediate and same day consultation, as well as unpredictable access to work space.)
3. Advanced science and knowledge in health psychology: Knowledge of the pathophysiology of disease and the biomedical treatments specific to the medical specialty in environment in which clinical practice takes place. Knowledge of the pathways and reciprocal interactions among biopsychosocial phenomena as they relate to health promotion, illness prevention, and disease

progression. Knowledge of lifespan development and social factors associated with health behavior, illness, and disease.

4. Advanced Health Psychology Assessment/Dx/Conceptualization: Ability to complete a biopsychosocial case conceptualization effectively and efficiently. Communicate these findings in an organized and succinct manner to a variety of health care providers (e.g., PCP, medical residents, medical students, nurses, pharmacists, etc.).
5. Advanced Health Psychology Interventions: Able to apply individual or group evidence based treatments to treat a variety of co-occurring mental health difficulties/diagnosis and chronic medical diseases.
6. Advanced health psychology consultation: Demonstrate effective translation and communication of relevant scientific findings as they bear on the health care consultation/liaison referral or question. Ability to provide rapid “warm hand-off” consultation applying EBP to both routine and complex cases.
7. Advanced Health Psychology Research/Evaluation: Selection, application, and interpretation of qualitative and or quantitative data analytic strategies that are best suited to the diverse research question/clinical situation characteristic of health psychology. Accurate and effective communication of research findings that can be understood by fellow psychologists, professionals from other health disciplines, and lay audiences.

Supplemental Specialty Functional Competencies – Health Psychology

1. Builds and sustains relationships in the health care setting: Uses language appropriate to the patients and clinician’s education and culture. Able to set and maintain appropriate boundaries for patients, families, teams, clinicians, and staff.
2. Reflective Practice in health psychology: Is receptive to feedback on performance. Understands importance of self-assessment in health setting and evaluates one’s own competencies and determines need for continuing education. Responds to common interpersonal challenges often experienced by health care providers in a reflective manner.
3. Scientific foundations of health/medical disciplines: Knowledge of epidemiology, biostatistics, quality improvement, & clinical guidelines in the medical area in which clinical health psychology practice occurs.
4. Psychopharmacology: Demonstrates consultative-level knowledge and skills in basic psychopharmacology and psychopharmacotherapy.
5. SNAPPS: Effective communication of biopsychosocial assessment/consultation based on SNAPS model developed by Wolpaw et al., 2003 (Summarize, Narrow, Analyze, Probe, Plan, Select).
6. Neuropsychological Screening: Demonstrates ability to complete a variety of cognitive screens (RBANS, DRS, MOCA) as it applies to the referral question. Demonstrates ability to conduct/complete capacity evaluation for medical decision making as well as independent living.

7. Health behavior change, disease prevention, and health promotion interventions: Demonstrates proficiency in health behavior change techniques as well as motivational interviewing. Able to apply health psychology interventions to promote chronic disease self-management. Effectively facilitates Shared Medical Appointments and/or group evidence based treatments.
8. Practice management in health psychology: Applies principles of population based care along a continuum from prevention and wellness, to subclinical problems, to acute and chronic clinical needs. Operates at a variety of paces consistent with the needs and realities of health psychology practice. Can co-interview, co-assess, and co-intervene with other health care providers
9. Teaching in health psychology: Recognition of the range and types of student/trainee learning in a health care setting, the skills they possess, and their necessary competencies. Applies effective supervision and teaching in a variety of settings to less advanced students, peers, or other health care providers in the delivery of health behavior change such as smoking cessation, weight loss, & shared medical appointments. Able to coach physicians and staff in patient-centered care behaviors.
10. Leadership/Administration: Participates & develops quality improvement initiatives in the clinical and operational domains (e.g., increases use of Patient Health Questionnaire (PHQ2) to screen for depression, or uses health registries to track high risk patients and optimize care for chronic disease management.)
11. Health psychology advocacy: Demonstrates knowledge of health care policy and its influence on health and illness as well as availability of health psychology services. Identifies opportunities to advocate for health psychology training and initiatives at local, regional, or national levels. Recognizes that advocacy to improve population health may involve interacting with a number of systems.

The Resident participates the following core clinical training experiences in the Outpatient Medicine Clinics. The Resident also selects two clinical specialty rotations. Core clinical training and optional rotations also include teaching, scholarly and supervisory activities.

A. Cardiology/Solid Organ Transplant Team (16 hours per week; 6 months). The Resident will be part of a team treating patients with severe cardiac problems. The treatment environment may be an inpatient ward, a coronary intensive care unit, or outpatient cardiology clinic. Additionally, the Resident will participate in assessment of patients' readiness for solid organ transplantation. The Resident will assess patient readiness for heart, liver, lung, and kidney transplantation and follow those patients post-operatively as necessary. The Residents will assess and treat patients individually as well as in group formats (e.g., Heart Failure Group, Heart Failure Boot Camp).

B. Clinical Specialty Rotations

1. **Sleep/Pulmonary Clinic (8 hours/week; full year duration).** The Resident will assess and treat sleep disorders as well as assist patients coping with other chronic pulmonary problems. The Resident may opt to participate in training to become certified in Behavioral Sleep Medicine.

2. **Hematology-Oncology/Palliative Care/Hospice (8 hours/week).** The Resident will assess and treat in- and outpatients with newly diagnosed malignancies who have been referred by the Hematology-Oncology Team. The Resident will also work with those patients (and their families) whose malignancies have progressed and treatment has evolved to palliative or hospice care.

C. Scholarly Research/Program Evaluation (8 hours/week; year-long duration).

The Resident undertakes a clinical or applied research or program evaluation project to be completed during the Residency year. Within the first month, the Resident will complete mandatory training in good clinical practice and human subject protection and VA research credentialing required by the local Institutional Review Board. By the third month of the Residency, the Resident will have a plan for a defined research or program evaluation project. This project is to include literature review, methodology, data collection or review, and conclusions. The results will be presented formally by the Resident by the conclusion of the Residency year in a suitable format (e.g. Grand Rounds presentation). The Resident may elect to become involved in an ongoing project at the training site, or to develop an investigator-initiated project.

II. HEALTH PSYCHOLOGY IN TRANSFORMING OUTPATIENT CARE (TOPC)

(3 Residents)

The Health Psychology in Transform Outpatient Care (TOPC) program works from the core assumption that psychology is an integral participant in the primary care team. Part of VA's New Models of Care initiative, the centers use the VA's patient-centered primary care settings called Patient Aligned Care Teams (PACT synonymous with Patient Centered Medical Home model) to develop and test innovative approaches to prepare physician resident and students

Our Center's mission is to Transform Outpatient Care (TOPC) by creating and enabling health care practitioners of the 21st century to effectively lead and participate in patient centered interprofessional teams that both meet the needs of the patients and provide consistent care quality. The curriculum is shaped by four pre-defined educational domains (competencies): 1) Shared Decision Making; 2) Interprofessional Collaboration; 3) Performance Improvement; and 4) Sustained Relationships. Our curriculum adds 6 dimensions to help clarify the above competencies and skills needed for the 21st century: Unified Care, Quality Care Improvement, Real Time Real Patient Care, Proactive Care, Virtual Health, Culture and Health. The cross of these dimensions and domains serves as the foundation for a longitudinal, clinical outpatient curriculum.

Advanced Functional Competencies for the Resident in TOPC:

Advanced Functional Competencies and Supplementary Advanced Functional Competencies for the Resident in TOPC are listed under Specialty Care Advanced Competencies.

The Resident participates in a year-long core clinical training (32 hours weekly) in the Outpatient Medicine Clinic, as well as eight hours per week in research. Core clinical training and optional rotations also include teaching, scholarly and supervisory activities.

A. TOPC (28 hours/week; year-long duration).

This is an interdisciplinary Primary Care Medicine Clinic. The clinic is staffed by attending physicians and health psychologists, GIM Residents, nurse practitioners, PharmDs, dietitians, and social workers. The Resident is involved in the following activities: 1) accepting warm hand-offs of TOPC patients to perform assessments including mental status, substance use, functional status, neuropsychological screening, and psychiatric illness; 2) facilitation of interdisciplinary Shared Medical Appointments for hypertension and diabetes; 3) interdisciplinary team meetings and teaching rounds with TOPC faculty and fellow learners; 4) supportive and goal-oriented psychotherapy; 5) consultation with nursing and medical staff; 6) performing cognitive evaluations and capacity evaluations; 7) participation in the Preventive Medicine Clinic for smoking cessation, obesity and nonadherence; 8) Facilitation of Tobacco Cessation Groups; 9) Participate in TOPC Team Huddles; 10) Participate in TOPC collaborative didactic sessions on Friday mornings. Key Curricular Components include: (1) panel management; (2) culture and healthcare; (3) virtual healthcare; (4) Six Sigma and other performance improvement tools; (5) proactive care; and (6) real time patient feedback.

1. Geriatric Outpatient Clinic (4 hours/week). The Clinic performs evaluations of medical, cognitive, psychological and physical function of elderly patients, many who are cognitively impaired, psychiatrically disordered, and functionally impaired. The Resident is involved in: 1) psychological evaluation including history, mood or behavioral issues, cognition, and collateral interviews; 2) multidisciplinary staffing; 3) interventions including individual, couple's and family therapy and behavior management; and 4) capacity evaluations for competency.

Key Curricular Components:

1. **Panel Management.** Learners work with registries to manage high risk patients and review evidence based guidelines to develop a plan for their patients.
2. **Culture and Healthcare.** Learners engage in a Narrative Healthcare course which includes pre-designated reading assignments of relevant popular press and/or movies. Readings are discussed at regular meetings led by members of the Department of Bioethics and Case Western Reserve University. Additionally, the VA has partnered with the Cleveland Museum of Art to develop an Art in Healthcare inter-professional observation experience conducted by docents.
3. **Virtual Healthcare.** Learners partake in a robust curriculum which emphasizes the role of emerging technologies in non-face to face care of the patient such as maximizing telephone management opportunities, use of telehealth resources already available through the VA system such as secure messaging
4. **Training in Six Sigma and other Performance Improvement Tools.** The Center of Excellence is excited to partner with faculty from the Case Weatherhead School of Management to provide trainees with the skills and tools necessary to implement performance improvement into the everyday care of patients. Learners will have the opportunity to receive training in management skills such as Six Sigma taught by Weatherhead faculty.
5. **Proactive Care.** Learners will learn motivational interviewing (via collaboration with our behavioral health specialists) and teaching of patient self-management skills (via collaboration with the Frances Payne Bolton School of Nursing's NIH funded Self Management Advancement through Research and Translation Center).

6. **Real Time Real Patient Feedback.** Learners will be provided unique opportunities to obtain real-time feedback from selected patients to understand the patient experience along the entire continuum of healthcare as patients experience it.

B. Scholarly Research/Program Evaluation (8 hours/week; year-long duration)

The Resident undertakes a clinical or applied research or program evaluation project to be completed during the Residency year. Within the first month, the Resident will complete mandatory training in good clinical practice and human subject protection and VA research credentialing required by the local Institutional Review Board. By the third month of the Residency, the Resident will have a plan for a defined research or program evaluation project. This project is to include literature review, methodology, data collection or review, and conclusions. The results will be presented formally by the Resident by the conclusion of the Residency year in a suitable format (e.g. Grand Rounds presentation). The Resident may elect to become involved in an ongoing project at the training site, or to develop an investigator-initiated project.

III. HEPATITIS C AND HIV

(1 Resident)

The Resident participates in year-long ongoing involvement in Hepatitis C specialty medicine clinic, HIV Primary Care clinic, and Substance Use Disorder treatment center. The goal of this residency is to integrate the services provided across these programs in order to better serve the veterans' needs. This residency includes opportunities to develop innovative programs and collaborate with interdisciplinary teams of medical providers committed to optimizing care for veterans with infectious diseases. The resident will work closely with the Peer Support Specialist in developing outreach programs to expand services and assist veterans struggling with medical adherence and sobriety.

Advanced Functional Competencies for the Resident in HCV/HIV Special Emphasis

1. Develop competence in differential diagnosis of substance use and other comorbid disorders found among patients living with HIV/HCV.
2. Develop competence in implementation of treatment interventions using evidence based motivational and cognitive behavioral strategies with substance abusing patients living with HIV/HCV.
3. Enhance individual, group, couples, and family interventions including relapse prevention and support network strategies among patients with HIV/HCV and substance use disorders.
4. Demonstrate competence in psychoeducation on mental health factors that may worsen or interfere with HCV treatment (SMV).

5. Acquire medical knowledge relevant to HCV treatment including associated medical terminology and interventions.
6. Become proficient in suicide risk assessment of patients living with HCV.
7. Become proficient in rapid behavioral medicine evaluations in preparation for HCV treatment, motivational interviewing strategies to address substance use concerns, and monitoring/addressing mental health side effects of HCV treatment.
8. Develop communication skills with interdisciplinary providers on the HCV team as well as outpatient and primary mental health providers for veterans seen in the HCV clinic
9. Acquire medical knowledge relevant to HIV treatment including associated medical terminology and interventions.
10. Become proficient in conducting behavioral medicine assessments addressing adjustment to HIV, including substance abuse issues, mental health symptoms, medical adherence, healthy lifestyle behaviors, and social supports.
11. Become proficient in providing comprehensive behavioral medicine interventions within an interdisciplinary team.
12. Develop intervention skills for patients living with HIV who are using substances.
13. Develop proficiency in facilitating weekly psychoeducational support group for veterans living with HIV/AIDS.

A. Veterans Addiction Recovery Center (8 hours per week): This overarching Substance Use Disorder treatment center provides a vast variety of potential clinical experiences for a Resident, depending on prior internship familiarity and training with this population. The incidence of patients with HIV/HCV with comorbid substance use disorders is extremely high. The training focus would be on working with identified patients living with HIV/HCV in this context. Specific programs in which a Resident would be involved, depending on prior experience, may include the following:

Key Curricular Components: The Resident will gain supervised experience in these training settings:

1. Intake/Assessment in a Primary Substance Abuse Program.
2. Acute Detoxification, with assessment and early engagement emphasis.
3. Residential (28-Day) Primary Substance Abuse Treatment Program.
4. Women's Addiction Treatment Program.
5. Intensive Outpatient Program.
6. Gambling Treatment Program.
7. Opioid Replacement Program.

The Resident will gain supervised experience in these specific modalities within the training milieu:

1. Comprehensive biopsychosocial assessment.
2. Motivational Interviewing/Motivational Enhancement.
3. Integrated treatments, such as DBT and Mindfulness, and their utility in treatment.
4. Social skills training.

5. Psychoeducation.
6. Relapse prevention strategies.

B. Hepatitis C Clinic (10 hours per week). In this clinic, the psychology Resident will participate in interdisciplinary Shared Medical Visits (SMV) to educate veterans on the current treatment and management options for HCV, including potential psychological side effects of treatment and risk factors for developing substance use disorders. S/he will also perform brief psychosocial assessments regarding patient stability and readiness for HCV treatment, develop a disposition plan, address substance abuse and mental health risk factors and issues, monitor treatment side effects, and coordinate with other substance use disorder, mental health, and medical providers to optimize treatment success.

Key Curricular Components: Within the Hepatitis C clinic, the Resident will gain supervised experience in these specific modalities:

1. Comprehensive biopsychosocial assessment.
2. Safety (suicide/homicide risk) assessment.
3. Biopsychosocial assessment s for HCV treatment candidacy.
4. Motivational Interviewing to mitigate substance abuse and; once in treatment, to enhance adherence to HCV treatment regimens.
5. Monitor for physical and psychological side effects to HCV treatment.
6. Consult with medical provider about discontinuation of HCV treatment based on side effects or nonadherence.

C. HIV Clinic (10 hours per week). In this clinic, the Resident will collaborate with our interdisciplinary primary care team in assessing and treating behavioral health, mental health, and substance use concerns and disorders in the population of patients living with HIV, related to adjustment to HIV, medical adherence, smoking cessation and other substance use disorders, mood issues, stress, partner and family issues, as well as cognitive changes related to HIV. The Resident will also participate in regular interdisciplinary seminars regarding advancements in HIV management.

Key Curricular Components: Within the HIV clinic, the Resident will gain supervised experience in these specific modalities:

1. Comprehensive biopsychosocial assessment.
2. Safety (suicide risk/homicide) assessment.
3. Motivational Interviewing to mitigate substance abuse and; once in treatment, to enhance adherence to HIV treatment regimens.
4. Monitor for physical and psychological side effects to HIV treatment.
5. HIV psychoeducational support group interventions as well as individual psychotherapy for associated mental health symptoms.
6. Cognitive and other neuropsychological screening assessments.
7. Psychological capacity evaluations.
8. Other aspects of Primary Care Mental Health Integration (PC-MHI) and Patient Aligned Care Team (PACT) interventions and collaborations .

D. V-Tel Technology Program (2 hours per week). The Medical Center has V-Tel architecture, technology, and procedures in place. V-Tel technology, specifically Telehealth procedures, are under discussion for implementation in the Hepatitis C Clinic. The Resident would be involved in development and implementation of these services. Telehealth procedures have not as yet been introduced in the

HIV Clinic. The Resident will attend the national biweekly seminars in HCV/HIV for mental health providers. Telehealth procedures have not as yet been employed in VARC rotation sites.

E. Scholarly Research/Program Evaluation (8 hours/week).

The Resident undertakes a clinical or applied research or program evaluation project to be completed during the Residency year. Within the first month, the Resident will complete mandatory training in good clinical practice and human subject protection and VA research credentialing required by the local Institutional Review Board. By the third month of the Residency, the Resident will have a plan for a defined research or program evaluation project. This project is to include literature review, methodology, data collection or review, and conclusions. The results will be presented formally by the Resident by the conclusion of the Residency year in a suitable format (e.g. Grand Rounds presentation). The Resident may elect to become involved in an ongoing project at the training site, or to develop an investigator-initiated project.

IV. GEROPSYCHOLOGY

(1 Resident)

The Resident participates in year-long ongoing involvement in core clinical training (24 hours weekly) in the Geriatric Evaluation and Management Unit (10 hours) and the Geriatric Outpatient Clinic (14 hours). The Resident selects one 12-month, or two 6-month, optional rotations (8 hours weekly). Core clinical training and optional rotations also include teaching, scholarly and supervisory activities. In addition, there is an eight-hour weekly year-long scholarly research/program development component spent developing a project with a definable work product.

Advanced Functional Competencies for the Resident in Geropsychology:

1. Demonstrate knowledge of biopsychosocial development as a life-long process, and including both gains and losses over the lifespan using different theories of late-life development and adaptation based on relevant research on adult development and aging.
2. Develop understanding of the unique experience of each individual – based upon demographic, sociocultural, and life experiences, including historical influences affecting particular cohorts. Reference resources to remain updated on the demographics of aging, including internet sites for: US Census, Centers for Disease Control and Prevention, Social Security Administration, Bureau of Labor Statistics, National Institutes of Health, World Health Organization.
3. Demonstrate knowledge of normal versus pathological aging processes using the biopsychosocial model:
 - A. Biological:
 - 1) Appreciate normal aging, including sensory and sexual changes, as distinct from disease.
 - 2) Demonstrate awareness of common medical and neurological problems (e.g. cardio- and cerebro-vascular disorders), syndromes (e.g. falls, incontinence), and substances or

medications (e.g. alcohol, benzodiazepines, narcotics, over-the-counter remedies) associated with psychopathology in older adults.

- 3) Demonstrate knowledge of common medical tests (e.g. thyroid function, urinalysis, CT/MRI) relevant to differentiating medical and psychological illness in late life.

B. Psychological:

- 1) Appreciate the parameters of cognitive changes in normal aging, including their basis in age-related changes in the brain, including factors that influence levels of cognitive performance in older adults (e.g., genetics, socioeconomic status, cohort effects, health status, mood, medications/ substances).
 - 2) Demonstrate knowledge of common types of dementia in terms of onset, etiology, risk factors, clinical course, associated behavioral features, and medical management of these disorders.
 - 3) Demonstrate knowledge of characteristics and causes of mild cognitive impairment and reversible cognitive impairment, including delirium, and the pathway to their management or reversal.
 - 4) Demonstrate knowledge of clinical interventions which target behavioral features and psychological problems in individuals with cognitive disorders and their caregivers.
 - 5) Appreciate aging-related changes in personality, emotional expression, and coping mechanisms.
4. Demonstrate knowledge of differential presentation, associated features, age of onset, and course of common psychological and functional disorders and syndromes in older adults (e.g., anxiety, depression, dementia, etc.).

C. Social:

- 1) Factors that influence vocational satisfaction, job performance, leisure activities, retirement satisfaction, and volunteer participation.
- 2) Family dynamics and role changes in aging families.
- 3) Changing social networks in late life, and value of close friendships in later life.

A. Geriatric Evaluation and Management (GEM) Unit (10 hours/week; year-long duration).

This is an 8-bed inpatient unit at the Wade Park campus that provides, for patients referred from acute care areas, thorough diagnostic assessment, therapy, rehabilitation and discharge planning for conditions such as change in mental status, dementia, inability to perform activities of daily living, and various medical conditions. Goals include improvement of medical and functional status, strengthening of social supports, and facilitating the least restrictive placement which adequately addresses the patients' needs. This unit received a Program of Excellence Award for the high quality of care dedicated to the geriatric veterans. The Resident is involved in the following activities:

1. New patient assessment including mental status, organic screening, substance use, history, functional status, cognitive screening, and testing as needed, personality evaluation, and assessment for psychiatric illness.
2. GEM multidisciplinary weekly team meeting with physicians, nurses, the social worker, the psychologist, the dietician, rehabilitation medicine therapists, the clinical pharmacist, Doctor of Pharmacy residents, the geriatric podiatry Resident, social work interns, and interns in dietary/nutrition.
3. GEM multidisciplinary weekly teaching rounds with a geriatrician.

4. Ongoing direct patient care including supportive and goal-oriented psychotherapy with patients, spouses, families and caregivers.
5. Consultation with nursing and medical staff to educate and develop interventions around behavioral and patient management issues.
6. Conduct Montessori-based dementia programming group therapy activity with current GEM inpatients.
7. Capacity evaluations and completion of Statement of Expert Evaluation forms for competency hearings as needed.
8. Attend multidisciplinary family meetings to facilitate family understanding of patient limitations and difficulties, provide feedback regarding interventions and level of care, and support the patients and their families as they cope with disability and impairment.
9. Develop and facilitate treatment and discharge plans as a member of the multidisciplinary team.

B. Geriatric Outpatient Clinic (14 hours/week; year-long duration).

The Geriatric Outpatient Clinic provides multidisciplinary assessment and primary care for an ethnically diverse population of veterans over 65 years of age. Evaluations of medical, cognitive, psychological and physical function of older frail patients, many who are medically complex, cognitively impaired, psychiatrically disordered, and functionally impaired, are performed daily. The clinic works to manage these patients closely, assist the patients and their families, and facilitate use of VA and community resources. The Resident is involved in the following activities:

1. Psychological evaluation of new patients including clinical interview, cognitive and psychological screening, history, and interview with the spouse, family or caregiver.
2. Multidisciplinary staffing of new patients to develop a treatment plan.
3. Ongoing psychological interventions including individual, couple's and family therapy; management of behavior problems; cognitive testing; and personality assessment.
4. Capacity evaluations and completion of Statement of Expert Evaluation forms for competency hearings as needed.
5. Consultation and treatment of patients who develop emotional or cognitive difficulties once in the clinic.
6. Warm hand-offs of veterans with acute psychological concerns.

C. Scholarly Research/Program Evaluation (8 hours/week; year-long duration)

The Resident undertakes a clinical or applied research or program evaluation project to be completed during the Residency year. Within the first month, the Resident will complete mandatory training in good clinical practice and human subject protection and VA research credentialing required by the local Institutional Review Board. By the third month of the Residency, the Resident will have a plan for a defined research or program evaluation project. This project is to include literature review, methodology, data collection or review, and conclusions. The results will be presented formally by the Resident by the conclusion of the Residency year in a suitable format (e.g. Grand Rounds presentation). The Resident may elect to become involved in an ongoing project at the training site, or to develop an investigator-initiated project. The Resident also performs evaluations in the Geriatric Driving Clinic as one facet of the research experience.

D. Optional Rotations (8 hours/week; 12-month or 6-month duration)

1. **Neuropsychological Evaluation.** Neuropsychological services at the LSCVAMC are provided by three neuropsychologists, one of whom is ABPP-CN board-certified. The Resident may receive

training in the evaluation of elderly patients with compromised brain function. The Resident is involved in neuropsychological consultation for patients; testing as needed for competency evaluations, often of patients suffering from dementia; report writing; and offering feedback as needed to the patient, family and/or referral source. There is also small-group didactic supervision/discussion of clinical cases.

2. **The Community Living Center.** This CLC provides care to patients needing long-term rehabilitation in order to restore them to optimum level of functioning and to prevent or delay decline. The patients on these units range in age and present with a variety of referral questions and medical issues, including Parkinson's disease, stroke, cancer, chronic physically debilitating conditions, and dementia. The Resident is involved in such activities as: new patient assessments including interviews as well as cognitive or personality testing, as needed; direct patient care, typically long-term, including individual, group, and family therapy to address coping with chronic illness; hospice/palliative care interventions; consultation with staff regarding behavior management and environmental issues; participation in weekly multidisciplinary staff, treatment and discharge planning meetings; the provision of staff education as needed; and discharge planning.
3. **Hospice/Palliative Care Team.** The Hospice/Palliative Care Team is comprised of a nurse practitioner, psychologist, social worker, geriatrician, and chaplain. Patients are end-stage in their illnesses, most often cancer-related, but may also suffer from end-stage dementia, or cardiopulmonary, liver or renal disease. End of life pain management is a common referral question, and the Resident may work with the patient or family on newly emerging or chronic issues. The Resident is involved in consultation regarding assessment and treatment of anxiety, depression and delirium, as well as competency evaluations, with concomitant questions of healthcare-related decisional capacity, surrogacy, and advanced directives. The Resident also provides intervention for anticipatory grief and bereavement for patients' families and friends. There are also opportunities to provide in-service education to nursing staff and members of the interdisciplinary teams.

V. PAIN PSYCHOLOGY

(1 Resident)

The Pain Management Center operates under the Division of Pain Medicine at the Wade Park medical facility. The Psychology Section of the program is typically comprised of three full time psychologists, one postdoctoral resident, and a predoctoral psychology intern in the context of a biopsychosocial model of pain management. The pain psychology resident will interact daily with health psychologists, board certified anesthesiologists, physician extenders, and nurses with specialized training in pain management. The Pain Management Center serves outpatients with a variety of chronic pain disorders; co-morbid mood disorders and/or substance use disorders are common. Although the model of the Pain Management Center is primarily consultative, there is opportunity for the pain psychology resident to follow select patients on a time-limited basis for behavioral management of pain utilizing techniques such as relaxation training, biofeedback, cognitive-behavioral therapy, and family counseling. There will also be involvement with telehealth, an innovative way of providing services to patients in rural settings.

Pain psychology residents will conduct comprehensive behavioral/psychometric assessments of new patients for the purpose of evaluating functioning, mood or behavioral problems, potential contraindications for opioid analgesics, spinal cord stimulation, and making recommendations for a comprehensive plan of care. Treatment plans include evidence based treatments such as CBT-CP. The pain psychology resident will facilitate psychoeducation groups for the CARF accredited Intensive Outpatient Program (PMC IOP). These groups cover topics such as the chronic pain cycle, cognitive restructuring, stress management, activity pacing, anger management, and effectively communicating with providers or family. The resident will participate in weekly interdisciplinary team meetings as part of the PMC IOP. The pain psychology resident will attend weekly SCAN-ECHO training sessions that introduce specialty pain management training to mental health and medical providers in rural settings.

There will be opportunities for quality improvement projects. Umbrella supervision of the predoctoral intern will be an expected part of the residency. The resident will participate in a monthly journal club with the psychology section of the Pain Management Center. Topics include biofeedback, assessment, pain literature updates, treatment approaches, and the discussion of challenging cases.

Key Curricular Components:

- Virtual Healthcare: The resident will participate in telehealth sessions to provide services to patients in rural settings. The resident will attend weekly SCAN-ECHO sessions in which providers in rural settings receive training in the provision of specialty pain management services.
- Assessment and interventions: The resident will evaluate new and returning patients to the Pain Management Center to identify obstacles to care and contribute to a comprehensive biopsychosocial treatment plan. This will include evaluations for appropriateness of implantable devices.
- Tertiary services: The resident will facilitate psychoeducation groups as part of the CARF accredited Intensive Outpatient Program (PMC IOP). This will include weekly interdisciplinary team meetings.
- Consultation: The resident will work closely with the medical team to offer recommendations for care. This may include warm handoffs from the medical team.

Advanced Functional Competencies for the Resident in Pain Management Center:

Advanced Functional Competencies and Optional Advanced Functional Competencies for the Resident in Pain Management Center are listed under Primary Care Advanced Competencies.

Scholarly Research/Program Evaluation (8 hours/week; year-long duration).

The Resident undertakes a clinical or applied research or program evaluation project to be completed during the Residency year with the chronic pain population. Within the first month, the Resident will complete mandatory training in good clinical practice and human subject protection and VA research credentialing required by the local Institutional Review Board. By the third month of the Residency, the Resident will have a plan for a defined research or program evaluation project. This project is to include literature review, methodology, data collection or review, and conclusions. The results will be presented formally by the Resident by the conclusion of the Residency year in a suitable format (e.g. Grand Rounds presentation). The Resident may elect to become involved in an ongoing project at the training site, or to develop an investigator-initiated project

CLINICAL HEALTH PSYCHOLOGY STAFF

BERMAN, Susan P., Ph.D., University at Buffalo, 1991. Assignments: Oncology; Hospice; Palliative Care Team; Genitourinary. Theoretical orientation: Psychodynamic. Clinical specialization: Health psychology. Publications and research interests: Oncology and interprofessional care. Professional organizations: American Psychosocial Oncology Society. Teaching and supervision interests: Individual therapy, Life Review therapy and group therapy.

DIAZ, Rosalie C., Psy.D., Adler School of Professional Psychology, 2004. Assignments: Primary Care-Mental Health Integration; Women's Health Clinic, Mental Health Ambulatory Care Center. Theoretical Orientation: Integrative, Cognitive-Behavioral. Clinical Specializations: Primary Care/Health Psychology; Chronic Pain; Stress Management; and Mindfulness. Professional Organizations: American Psychological Association. Research Interests: Psychological factors in the assessment and treatment of chronic pain, and the relationship of trauma, somatic experiencing, and memory.

GIDEON, Clare, Ph.D., Case Western Reserve University, 2007. Assignments: Outpatient Geriatrics Clinic, Hepatitis C Clinic, Sleep Disorders Clinic, Consult-Liaison Psychiatry. Theoretical Orientation: Cognitive Behavioral. Clinical Specializations: Assessment and treatment of psychological conditions in older adults; behavioral medicine; clinical supervision; capacity evaluations. Publications and research interests: Geriatric driving evaluations, pharmacological intervention for dementia, Hep C treatment of veterans with psychiatric conditions. Professional organizations: American Psychological Association, Divisions: 122, 20, 38; Gerontological Society of America; National Register of Health Service Psychologists. Teaching and supervision interests: Capacity evaluation, group/umbrella supervision.

HABERMAN, Jessica, Ph.D., Cleveland State University, 2013. Assignments: Geriatrics Outpatient Clinic, Consultation-Liaison Psychiatry. Theoretical orientation: Primarily Cognitive-Behavioral and Humanistic. Clinical specializations: Health psychology, assessment and treatment of psychological and neurocognitive disorders in older adults, capacity evaluations. Publications and research interests: Non-pharmacologic interventions for dementia, coping with and effective management of chronic illness, resiliency in late life, religiosity and successful aging, positive psychology. Professional organizations: American Psychological Association, Divisions 17, 20, 38. Teaching and supervision interests: Geropsychology, capacity evaluation, behavioral medicine.

PAINTER, Elizabeth, Psy.D., Xavier University, 2011. Assignments: Cardiology/Organ Transplant; Center of Excellence for Primary Care Education (TOPC CoEPCE), Psychology Associate Director. Theoretical Orientation: Integrative; cognitive-behavioral. Clinical Specialization: Health psychology with an emphasis on the role of psychological factors in inpatient cardiac care, interdisciplinary approaches to treatment, as well as the impact of psychosocial issues on organ transplant outcomes. Research Interests: Developing curriculum for medical trainees, primary care-mental health integration, adherence, and quality improvement in processes of medical care. Professional Organizations: American Psychological Association, Ohio Psychological Association, Society of Behavioral Medicine. Professional/Teaching/Supervision Interests: Behavioral medicine education and supervision, chronic care model, adherence, and interdisciplinary training.

PRZYBYSZ, Jeff, Psy.D., Immaculata University, 2014. Assignments: Community Living Center, Mental Health Outpatient Clinic- Geriatrics, Rotation Supervisor. Theoretical Orientation: Integrative with emphasis on cognitive-behavioral and humanistic orientations. Clinical Specializations and

teaching/supervision interests: Geropsychology, long term care psychology, capacity evaluation, individual and group psychotherapy with geriatric population, caregiver burden along with assessment and interventions, dementia education, neuropsychological assessment, personality assessment, and behavior management interventions for individuals with neurocognitive disorders. Professional Organizations: Psychologists in Long Term Care.

PURDUM, Michael, Ph.D., ABPP, University of North Texas, 2010. Diplomate – Health Psychology (ABPP), Major Preceptor Primary Care Mental Health Integration (PCMHI) residency program. Assignments: Primary Care Medical Clinics, Facility lead clinician for smoking cessation. . Theoretical orientation: CBT, brief problem-focused psychotherapy, health behavior change. Clinical specializations: Health psychology, primary care mental health, chronic disease management & health promotion, motivational interviewing, smoking cessation. Publications and research interests: Psychological factors that complicate chronic disease management, psychological factors that promote chronic disease self-management, PCMHI quality improvement & implementation, smoking cessation outcomes Professional organizations: American Psychological Association, Division 38, Division 38 Early Career Psychologist Council; American Board of Professional Psychology in Health Psychology. Teaching and supervision interests: Motivational interviewing, behavioral therapies for chronic disease, supervising trainees on developing the fundamental competencies (collaboration & MH integration) to succeed as a health care providers in primary care.

ROUSH, Laura E., Ph.D., University of Cincinnati, 2008. Assignment: Polytrauma. Theoretical Orientation: cognitive-behavioral. Clinical specialization: health psychology with emphasis in pain management, chronic headaches, stress management, relaxation training, promotion of healthy behaviors, coping with chronic medical conditions, individual therapy, treatment of psychological factors affecting physical health, and biofeedback. Co-chair of the Cleveland VA Pain Care Advisory Board, health psychologist on the Cleveland VA SCAN-ECHO Diabetes team, Major Preceptor of the Specialty Medicine Clinics Postdoctoral Fellowship. Research interests: psychological factors in the assessment and treatment of chronic pain, interdisciplinary treatment delivery formats including shared medical appointments. Professional organizations: Ohio Psychological Association, APA Division 38. Teaching and supervision interests: health psychology, individual psychotherapy, biofeedback, working with a multidisciplinary team, work-home life balance.

SCHAUB, Kimberley K., Ph.D. Indiana State University, 2003. Assignment: Cardiology Clinic, Organ Transplant Teams (heart, liver, lung, kidney), Bioethics Committee. Theoretical orientation: Interpersonal Process Approach, Cognitive-behavioral. Clinical Specialization: Health psychology with an emphasis on the assessment and treatment of psychological factors associated with hypertension and cardiac illnesses, adherence, and psychological correlates of organ transplantation. Research interests: Interdisciplinary education, the chronic care model, the role of shared medical clinics in health related outcomes and multidisciplinary training, psychological factors in the treatment of hypertension, heart failure, diabetes, and cardiac rehabilitation. Professional Activities: Case Western Reserve University's National Heart Failure Training Program (NHeFT). Professional Organizations: American Psychological Association, Ohio Psychological Association. Professional Interests: Health psychology education and supervision, interdisciplinary training, shared medical clinics, chronic care model.

SMITH, Suzanne, Ph.D., Ohio University, 2003. Assignments: Smoking Cessation Clinic, HIV Clinic, Hepatitis C Clinic, Primary Care Clinic Theoretical Orientation: Eclectic, Cognitive-behavioral and Psychodynamic. Clinical Specialization: Health psychology with emphasis in behavioral health assessment, smoking cessation, compliance with medical care, adjustment to medical conditions, issues of death and dying, stress management, relaxation training, and chronic pain management. Publications and Research Interests: Health-related quality of life, Chronic pain management, Families and chronic pain. Teaching and Supervision

Interests: Behavioral health assessment, behavioral medicine interventions, group therapy, individual therapy.

STRAUSS, Gerald J., Ph.D., Kent State University, 1990. Section Chief, Health Psychology; Director, Clinical Health Psychology Postdoctoral Residency Program. Assignments: General Internal Medicine, Women's Health Clinic, Morbid Obesity Clinic, Co-Director of Bariatric Surgery Program, Managing Overweight in Veterans Everywhere (MOVE) Program Champion; Theoretical orientation: eclectic, cognitive-behavioral. Clinical specialization: health psychology with emphasis in promotion of healthy behaviors, smoking cessation, weight reduction, stress management, and treatment of psychological factors affecting physical health, preceptor faculty member in General Medicine Resident Ambulatory Clinic (Preventive Medicine), facilitator in shared medical appointments for diabetes and hypertension. Research interests: bio-behavioral risk factors, psychosocial interventions to improve functional status of prostate cancer patients, stages of change and motivations affecting health behaviors, morbid obesity, psychological factors in the treatment of diabetes, use of shared medical appointments for diabetes in high risk patients, and the chronic care model of interdisciplinary treatment. Professional activities outside the VA: Assistant Professor of Medicine and Associate Director of Inquiry Groups Program CWRU School of Medicine. Professional organizations: American Psychological Association, Ohio Psychological Association (Past President, Former Chair of Advocacy Committee, Former Task Force Chair on Prescription Privileges), Society of Behavioral Medicine, Akron Area Professional Psychologists. Professional interests: prescription privileges for psychologists, public policy, social justice. Teaching and postdoctoral residentsupervision interests: motivational interviewing, health psychology, chronic care model, prescriptive authority for appropriately trained psychologists.

THOMAS, Farrah, Psy.D., Chicago School of Professional Psychology, 2005. Assignments: Physical Medicine & Rehabilitation Service – inpatient Acute Rehabilitation and Amputation System of Care (inpatient and outpatient) including Amputation Shared Medical Appointment; Primary Care - facilitator for Hypertension Shared Medical Appointment; Health Behavior Coordinator, Cleveland VA system; Co-Chair, Health Promotion Disease Prevention Committee; Assistant Clinical Professor of Medicine, Case Western Reserve University School of Medicine. Theoretical orientation: behavioral and cognitive behavioral. Clinical specializations: health psychology/behavioral medicine and rehabilitation psychology; individual and group psychotherapy; coping with chronic medical conditions; stress management; relaxation training; adherence. Publications and research interests: caffeine use and epilepsy, self-management with the amputee population, coping and adjusting to chronic medical issues. Professional organizations: American Psychological Association, Division 38 – Health Psychology, Ohio Psychological Association, National Register for Health Service Providers in Psychology. Teaching and supervision interests: Motivational Interviewing and behavior change, coping and adjusting to chronic medical issues, working with multidisciplinary/interdisciplinary teams, and professionalism.

VAN KEUREN, Cynthia, Psy.D., Xavier University 2003. Assignments: Pain Management Center, Clinical Director of the CARF accredited Pain Management Center's Intensive Outpatient Program, SCAN-ECHO team member which involves training health care providers outside of Cleveland in the management of chronic pain. Theoretical orientation: cognitive behavioral. Clinical Specializations: assessment and treatment of psychological contributors to chronic pain, telehealth appointments with patients outside of the Cleveland area, biofeedback, individual, group and family therapy, stress management, relaxation techniques, program development, multidisciplinary teams and provider education. Research interests: effectiveness of interdisciplinary care. Professional organizations: American Psychological Association, Ohio Psychological Association committee member for Technology and Communications. Teaching interests: comprehensive pain assessment, mind-body interventions, individual and group therapies, biofeedback.

WHITE, Karen P., Psy.D., Indiana State University in Clinical Psychology, 2009. Assignments: Geriatric Evaluation and Management Unit and Dementia Care Coordination Team, Rotation Supervisor and Pre-doctoral Training Committee Member, Major Preceptor for the geriatric fellowship and Post-doctoral Training Committee member, Member of the Bioethics Committee, Chair of the Geriatric Ethics Task Force- Subcommittee of the Louis Stokes Cleveland VA Bioethics Committee, Member of the Cleveland VA Dementia Committee, Member of the Psychology Professional Standards Board, Cuyahoga County Adult Protective Services Interdisciplinary Team and Steering Committee Member. Theoretical orientation: Integrative with emphasis on cognitive-behavioral, evidence based, and humanistic orientations. Clinical Specializations: Geropsychology, Dementia Care and Education, long term care psychology, health/behavioral medicine, capacity evaluation, and coping with chronic illness. Publications and research interests: Dementia Care Coordination program evaluation. Professional organizations: American Psychological Association, Divisions 20 & 38. Teaching and supervision interests: Psychology training recruitment and selection, comprehensive geriatric care aligning with the Pike's Peak Model.



CLINICAL NEUROPSYCHOLOGY PROGRAM

CLINICAL NEUROPSYCHOLOGY

(1 Resident every 2 years)

The Clinical Neuropsychology Residency Program is a TWO-YEAR PROGRAM. We will be selecting a new resident in the APPCN match for the 2016-2017 training year.

The mission of the Clinical Neuropsychology Residency Program is to provide depth of training for advanced competence in the Specialty of Clinical Neuropsychology. Our program incorporates a number of focus areas emphasized in the VA Mental Health Strategic Plan: Neuropsychology, Traumatic Brain Injury (TBI), OIF/OEF Needs, Interprofessional Care, and PTSD. The Resident is accepted for a two-year program, with reappointment for the second year contingent upon satisfactory performance during the first year.

The Clinical Neuropsychology Residency is accredited by APA and operates in accordance with the INS-Division 40 guidelines (*The Clinical Neuropsychologist*, 1987, 1, 29-34) and the goals espoused by the Houston conference (*Archives of Clinical Neuropsychology*, 1998, 2, 203-240). Our program is designed to provide Residents with the didactic and experiential opportunities necessary to develop evidence-based clinical interpretative and consultation skills at a professional level, while under the supervision of experienced neuropsychologists. This is accomplished through an extensive reading of the research literature that is relevant to each of the cases evaluated by the resident. In addition, specific training goals include active involvement in clinical research and relevant educational opportunities within the context of a nationally known tertiary medical center.

The evaluations provided by our neuropsychologists employ specialized testing procedures and a nomothetic, disease-impact framework. We strive to integrate medical, neurological, and behavioral data with neuropsychological test findings, based upon the literature, in order to answer complex referral questions. Referrals for our services typically consist of, but are not limited to, questions concerning:

- Differential diagnoses (e.g., depression versus dementia (Dementia of the Alzheimer's type, Cerebrovascular Dementia, Frontotemporal Dementia, Lewy-Body Dementia, Huntington's Dementia, etc.).
- Delineation of spared and impaired cognitive functions secondary to known central nervous system dysfunction related to traumatic brain injury (TBI) or stroke, etc.
- Establishment of a neuropsychological baseline against which to monitor recovery or progression of central nervous system dysfunction.
- Assessment of cognitive/behavioral functions to assist with rehabilitation, management strategies, and placement recommendations (i.e., nursing home, group home, etc.).
- Evaluation of cognitive status for the purpose of Compensation & Pension and/or Competency of Person and Estate evaluations and, in conjunction with the Summit County Court of Common Pleas Psycho-Diagnostic Center, Competency to Stand Trial and Sanity at the Time of the Act. An

opportunity will also be provided for exposure to civil tort cases via attendance at pre-deposition and pre-trial conferences with attorneys as well as attending trial testimony.

Neuropsychologists provide inpatient and outpatient consultation and evaluation services for multidisciplinary staff at the Wade Park campus as well as the Parma site and the thirteen Community Based Outpatient Clinics (CBOC) located throughout the northeast Ohio section of VISN10. Our rich clinical referral base and an innovative service delivery model have created a strong trajectory of growth for neuropsychological services. More than 500 patients are evaluated annually, many with complex conditions. The demand for neuropsychological services continues to increase in connection with the aging of the largest VA patient cohort, that of Vietnam-era veterans, and the accompanying increase in dementia incidence. Referrals are also received for evaluation of TBI in younger veterans. The LSCVAMC has been designated as a Polytrauma Network Site, designed to provide long-term rehabilitative care to veterans and service members who experienced multiple injuries to more than one organ system. Neuropsychologists have a critical role in this Polytrauma initiative in assessing veterans with subacute TBI, and Posttraumatic Stress Disorder (PTSD), in conjunction with the PTSD treatment in the outpatient clinic.

The program employs a flexible battery approach based upon a disease-impact model (e.g. the differential impact of CVD versus DAT on neurocognitive functioning in early or Mild Cognitive Impairment stages), as well as a syndrome-based approach. The application of this model requires an extensive knowledge of the Neuropsychology and Neurology/Neuropsychiatry literature. The training program stresses extensive reading of relevant research, resulting in clinical reports that are integrative and conceptual in nature. Assessments are framed within a forensic format with an emphasis on evidence-based conclusions derived from scientific principles. We also emphasize a cognitive neuropsychological model which conceptualizes neurocognitive functioning from a neural network perspective.

Functional Specialty Competencies for the Resident in Clinical Neuropsychology:

1. Scholarly Base: Demonstrates knowledge of the history of Clinical Neuropsychology as well as the recent scientific and scholarly developments in the field and applies that knowledge to clinical practice.
2. Professional Base: Demonstrates awareness of current issues facing the professional and considers how they identify with and contribute to the profession, (i.e., membership in professional organizations, teaching and supervision, advocacy, continuing education in the field, etc.).
3. Knowledge Base: Demonstrates awareness of the common neurological and non-neurological disorders affecting brain functioning and behavior (including etiology and pathology) as well as the relevant neurodiagnostic and biomarker findings associated with those disorders.
4. Neuropsychological Testing: Understands and chooses the best appropriate assessment battery based upon knowledge of presenting issues/concerns, normative group, and statistical appropriateness of the assessment tools.
5. Neuropsychological Diagnosis: Effectively integrates neuropsychological findings with the neurological/medical data as well as behavioral data, psychosocial history, and diversity issues,

ethical/legal issues, and knowledge of neurosciences in order to clarify differential diagnoses of psychiatric disorders and medical/neurologic disorders (e.g., such as dementia and the various subtypes of dementia as well as the neurocognitive effects of stroke and other neurological conditions).

6. Forensic Neuropsychological Applications: Applies the knowledge and skills of a neuropsychologist to the forensic arena, (e.g., civil competency of person and estate, veterans' disability determination). Understands the differences in approach between clinical and forensically oriented evaluations, opinions, and recommendations.
7. Treatment & Intervention: Applies neuropsychological skills and knowledge to address the cognitive and behavioral problems revealed on assessment in order to make the most appropriate treatment recommendations for intervention, disposition and placement.
8. Patient Communication: Helps patients and families understand the meaning and implications of neurological conditions and/or assessment results in a clear and understandable manner.
9. Interdisciplinary Consultation: Demonstrates the ability to communicate and apply Clinical Neuropsychological knowledge in consultation with other health care professionals across multiple disciplines.
10. Research: Develop research skills with a focus on neuropsychological topics. Understands and applies relevant research to clinical practice/assessment.

REQUIRED CLINICAL EXPERIENCES

On average, a minimum of 70% of the Resident's time will be devoted to direct clinical service, which fulfills ABPP's Clinical Neuropsychology requirements as well as state licensure requirements. This will include general clinical cases as well as cases suited to the specialized interests of the Resident. During the first year of the residency, the Resident will carry out all aspects of evaluation, including record review, interviews of patients and collateral informants, test selection, test administration, and report writing. Reports are framed within a forensic format with an emphasis on evidence-based conclusions based upon scientific principles.

During the second year, technicians will provide test administration services, allowing the Resident to further develop sophisticated case conceptualization and report writing skills. Throughout the program, direct patient contact is emphasized in order to develop a strong clinical understanding of process variables and patient behaviors that underlie test performance. In all Neuropsychology activities (e.g., testing, report writing, case conceptualization, etc.), the Resident will receive training in provision of education and feedback about diagnostics and functional strengths and restrictions to veterans and their families.

With respect to workload, the Residency embraces the goals of teaching/training rather than high volume service-delivery. The number of patients seen on a weekly basis depends upon multiple factors including patient endurance and case complexity. It is expected that the number of patients seen during the second year will double compared to the first year. As a frame of reference, because of case complexity and the intensity of supervision on each case, our neuropsychology track predoctoral interns complete an average of 20 neuropsychological evaluation reports per 4-month rotation.

There is a substantial emphasis on required background readings in neuroscience and related fields as well as readings conceptually targeted to particular cases and their relevant differential diagnostic issues. Considerable time is spent delineating cognitive mechanisms underlying impaired performance and how this relates to neuroimaging, radiological, neurological and neuropsychiatric data.

Consultation with other health-care professionals constitutes another important aspect of this postdoctoral experience. The Resident will have multiple opportunities to interact with a broad range of disciplines that utilize the services of the Neuropsychology section, including Neurology, Rehabilitation, Psychiatry, Geropsychiatry, Geriatric Medicine, Primary Care, etc. Some rotation experiences and/or enrichments will provide the Resident with the opportunity to work on interdisciplinary treatment teams throughout the two-year residency.

During placement within each of the Core Training Areas, the Resident will meet weekly for supervision with the Major Preceptor, in addition to supervision with the psychologist supervisor for that site of training (described below). Regular meetings will also transpire with a designated research supervisor throughout the residency. The Resident will be located at the Parma site while receiving their initial training/supervision in the areas of Neuropsychiatric Neuropsychology, Geriatric Neuropsychology, Compensation & Pension, and Polytrauma/TBI. Training in these areas will continue along with increased training/supervision in consultation to Neurology and in the area of Behavioral Medicine area while the Resident is located at the Wade Park campus. The Resident will spend at least 6 months each in Neurology/Behavioral Medicine, Neuropsychiatric Neuropsychology, and Geriatric Neuropsychology, with the final rotations in Compensation & Pension and Polytrauma/TBI.

The Neuropsychology Residency utilizes a vertical supervision model, wherein staff neuropsychologist supervisors, Resident, Neuropsychology Intern, and occasionally a Geropsychology Resident and/or Intern are all present during the supervision on each case.

CORE TRAINING AREAS

The Resident in Clinical Neuropsychology will be active in core clinical training, receiving cases from each of the Core Training Areas below, in sequence. If the Resident elects, Optional Clinical Training choices are also available for one day per week for 6-month or 12-month rotations, as described below. In addition, Research activities for one day per week are part of the curriculum across the first and second year.

CORE TRAINING FIRST YEAR:

A. Neuropsychiatric Neuropsychology (24 or 32 hours/week; 6-month duration)

Neuropsychiatric Neuropsychology training provides evaluation experience with veterans referred from one of the four acute/subacute psychiatric units, and from the outpatient psychiatric programs, such as the Day Hospital Program for severely mentally ill veterans. The Resident will gain experience with the neuropsychological evaluation of psychopathology as well as the often complex process of understanding the neurocognitive aspects of psychiatric disorders.

B. Neurology (24 or 32 hours/week; 6-month duration)

The Neurology Service is a tertiary referral center for VISN-10 and portions of western Pennsylvania and West Virginia, serving veterans with a full spectrum of neurological disorders. Neuropsychology primarily sees veterans on an outpatient basis, including those with any of the variety of dementias, stroke, head injuries, epilepsy, multiple sclerosis, etc. Inpatients from general medicine, psychiatry, rehabilitation and spinal cord services are also seen. The approach is based upon history (input when available from family and patient) as well as record review and testing using a flexible battery approach. We are focused on providing diagnostic and prognostic information, and rehabilitation recommendations. Results may be interpreted and management strategies demonstrated with veterans and their families. Trainees attend weekly neurology floor rounds, so they have a chance to work with medical residents and staff. The Resident may also attend rehabilitation rounds, as appropriate. VA medical records provide access to a full selection of radiological data (CT, MRI, PET, and angiography) and EEGs.

C. Research Activities (8 hours/week)

Although the focus of this program is the development of evidence-based clinical skills for clinical service delivery, research is also an integral component of the postdoctoral experience. One day per week is allocated as a research day in which the Resident develops and undertakes a research project to be completed during the Residency. It is anticipated that the culmination of this activity will be the presentation of results at Grand Rounds, and one of the major neuropsychological professional meetings (AACN, INS, NAN) as well as publication in a peer-reviewed journal.

Within the first month of the first year, the Resident will complete mandatory training in good clinical practice and human subject protection and VA research credentialing required by the local Institutional Review Board (IRB). By the third month of the Residency, the Resident will have a plan for a defined research or program evaluation project. This project is to include literature review, methodology, data collection or review, and conclusions. The Resident may elect to become involved in an ongoing project at the training site, or to develop an investigator-initiated project. Ongoing areas of research investigation include early intervention in Mild Cognitive Impairment and HIV-related neurocognitive impairment.

CORE TRAINING SECOND YEAR:

A. Geriatric Neuropsychology (24 or 32 hours/week; 6-month duration)

Geriatric Neuropsychology training provides experience in the evaluation of elderly patients with possible compromised brain functioning referred from one of the five inpatient nursing home/long-term care units or one of the outpatient geriatric primary care services. The Resident will gain competency in the complex differential diagnosis of the common conditions in this populations (i.e. Alzheimer's Dementia, Cerebrovascular Dementia, Lewy Body Dementia [LBD], Frontotemporal Dementia [FTD], etc.). The Resident will also become proficient in competency/capacity evaluations in terms of decision-making related to healthcare and financial management. The Resident will also develop skills in offering placement recommendations, such as independent living *versus* nursing home placement, etc.

B. Polytrauma/TBI Evaluations and Compensation & Pension (24 or 32 hours/week; 6-month duration)

The Federal Government has recently established the Polytrauma System of Care, specializing in the treatment for veterans and returning service members with injuries to more than one physical or organ system, which result in medical, cognitive, psychological, and/or psychosocial impairments and functional disability. The LSCVAMC has been designated as a Polytrauma Network Site, designed for the

assessment, treatment, and rehabilitation of service members and veterans with subacute injuries. Neuropsychological evaluation is critical for those veterans who have, or are suspected to have, received a traumatic brain injury (TBI) due to blast concussions. Since PTSD is a common condition in these individuals, the Resident will gain competency in the recognizing the convergent and divergent factors in TBI and PTSD assessment, as well take an active role on the Polytrauma Treatment Team of interdisciplinary specialists charged with the assessment, treatment and rehabilitation of these injured service members and veterans.

Compensation & Pension (C&P) training provides experience evaluating veterans requesting compensation for disability believed to be related to military duty. A significant proportion of these requests involve disabilities related to neurocognitive impairment, such as TBI or dementia from a variety of causes. The assessments are used as evidence in the medico-legal process of determining monetary awards for problems considered to be directly related to military duty, and general disability for those who are unable to work due to non-military problems. They are also used to determine the need for aid and attendance in elderly veterans with dementia. The Neuropsychologist provides an opinion about existence and severity of claimed disability, and the relationship to military service. The emphasis is on the more pragmatic aspects of providing a comprehensive assessment within a limited time frame required of C&P assessments.

C. Research Activities (8 hours/week)

Research activities continue from the first year through conclusion of the program.

OPTIONAL CLINICAL TRAINING AREAS

Comprehensive exposure to the Core Training Areas described above is a requirement. However, the Resident may also choose to expand their experience by electing one 12-month, or two 6-month rotations in the following areas:

1. **Spinal Cord Injury and Disorders Unit (8 hours/week):** This is a newly designated Center of Excellence for comprehensive medical care and rehabilitation of veterans with spinal cord injuries (SCI). This rotation offers experience in providing psychological services to people with disabilities, including neuropsychological assessment of patients with TBI and spinal cord injury (SCI). Residents will become familiar with the medical aspects of SCI as well as the acute and long-term psychological problems associated with this disability, such as depression, anxiety, and substance abuse. The rotation emphasizes working within an interdisciplinary team in order to promote positive treatment outcomes and program development. Residents interested in acute medical or rehabilitation settings may benefit from the rotation. In essence, what this rotation offers the resident is experience in interdisciplinary team rehabilitation and dealing with adaptation to disability.
2. **Cleveland Clinic Foundation Epilepsy Center (8 hours/week):** The Cleveland Clinic Foundation Medical Center is an internationally renowned medical center. The Lou Ruvo Center for Brain Health provides comprehensive diagnosis and treatment of brain disorders, including comprehensive and detailed neuropsychological evaluations. Typical opportunities would be to observe neurosurgical procedures such as temporal lobectomy and implantation of deep brain stimulation devices, and to participate in ongoing research and epilepsy case conferences. ABPP Board Certified clinical neuropsychologists are available to provide supervision to the resident.

TEACHING ACTIVITIES

1. **Colloquium/Staff Education (Required):** Each Resident prepares a Continuing Education-level presentation based on an appropriate topic area. This will be presented at the Psychiatry Grand Rounds, toward the end of the Resident's two-year residency.
2. **Intern Training Seminar (Required):** The Resident presents a neuropsychology-related lecture to the predoctoral psychology interns at one or more of the weekly intern seminars.
3. **Umbrella Training Supervision of Predoctoral Interns (Required):** The Resident has the opportunity to provide formal supplementary "umbrella" training supervision to predoctoral psychology interns. This umbrella supervision training experience will occur under the direct supervision of a rotation supervisor, with feedback both from the supervisor and supervisee.
4. **Psychiatry Resident Seminar (Optional):** The Resident has the option to prepare and present a Neuropsychology-related lecture to advance psychiatry residents in the CWRU School of Medicine.

Additional Didactic Opportunities

1. **Case Western Reserve University.** University Hospitals Neurology Grand Rounds: Weekly Grand Rounds within the Neurology Department at the world-renowned University Hospitals. Presentations focus primarily on neurological topics conducted by world-class researchers and practitioners, as well as case presentations. Past topics have included the role of basal temporal areas in language functions, efficacy of varied medication regimens for the treatment of cerebrovascular disease, and malingering of neurologic disorders.
2. **Case Western Reserve University School of Medicine Grand Rounds.** This series provides a variety of content relevant to mental health. It is approved for continuing education credit by the Ohio Psychological Association (OPA) and the American Psychological Association (APA) as well as for most healthcare professions within the state. Presenters include local and national VA staff, affiliated university educators, and outside consultants. In these grand rounds there is a considerable emphasis on issues related to Biological Psychiatry.
3. **Psychology Intern Seminars (Health Psychology and Mental Health Series).** Each series is conducted weekly for a two-hour period. These seminars provide in-depth treatment of a range of topics in psychology, including 6 lectures in Neuropsychology, often in a mini-course format, at a level approved for Medical Center continuing education.
4. **Neuroanatomical Dissection Course.** The Resident may participate in a three-day intensive course in the anatomical dissection of the brain and spinal cord conducted at the Marquette University Medical College of Wisconsin. The course also includes a review of recent advances in functional neuroscience. Course faculty consists of neuroscientists and clinicians qualified and experienced in the teaching of Neuroanatomy.
5. **Neuropathology Laboratory.** The Resident has the opportunity to attend a neuropathology laboratory at the University Hospitals Institute of Pathology located on the nearby Case Western Reserve University campus. While at the lab, the Fellow will observe brain dissections

performed by an attending physician alongside medical residents, encompassing a range of medical and neurologic disorders from pediatric and adult cases.

6. National Academy of Neuropsychology Online Neuroanatomy Course (Optional)

7. **Civil-Forensic (Tort) Didactic Experience.** The Resident will have the opportunity to gain exposure to Civil Tort evaluations in an independent practice setting in the greater Cleveland area. The Resident will not directly assess and/or test clients, but will be exposed to Neuropsychology in practice in civil tort cases via attendance at pre-deposition and pre-trial conferences and review of deposition transcripts. The supervision will be provided by a board certified (ABPP) neuropsychologist and a neuropsychologist who have extensive experience in conducting Civil Tort neuropsychological evaluations. This didactic experience will allow the Resident exposure to an area in which neuropsychology has been in increasing demand over the years. This didactic experience is intermittently available on weekends or weekday evenings.

NEUROPSYCHOLOGY STAFF

DIXON, Thomas, Ph.D., Case Western Reserve University, 1989. Diplomate – Rehabilitation Psychology (ABPP). Assignment: SCI Unit/General Rehabilitation; Rehabilitation Psychology Program Director. Theoretical orientation: Eclectic. Clinical specialization: Rehabilitation Psychology. Publications: traumatic brain injury, self-awareness. Research interests: community integration following disability, applied personality and social psychology. Professional organizations: Academy of Spinal Cord Injury Professionals, APA Division 22 (Rehabilitation Psychology), American Association of Spinal Cord Psychologists and Social Workers. Teaching and supervision interests: adaptation to disability, working on interdisciplinary teams, co-occurring SCI/TBI, and vocational rehabilitation.

GIDEON, Clare, Ph.D., Case Western Reserve University, 2007. Assignments: Outpatient Geriatrics Clinic, Hepatitis C Clinic, Sleep Disorders Clinic, Consult-Liaison Psychiatry. Theoretical Orientation: Cognitive Behavioral. Clinical Specializations: Assessment and treatment of psychological conditions in older adults; behavioral medicine; clinical supervision; capacity evaluations. Publications and research interests: Geriatric driving evaluations, pharmacological intervention for dementia, Hep C treatment of veterans with psychiatric conditions. Professional organizations: American Psychological Association, Divisions: 122, 20, 38; Gerontological Society of America; National Register of Health Service Psychologists. Teaching and supervision interests: Capacity evaluation, group/umbrella supervision.

HARVEY, Daniel J., Ph.D., Nova Southeastern University, 2007. Assignments: Neuropsychology Section (Wade Park); Neuropsychology Representative to the Internship/Pre-Doctoral Training Subcommittee. Theoretical orientation: Disease impact/syndrome oriented approach employing fixed/flexible assessment strategies. Clinical specialization: Neuropsychological assessment of neurological disorders, geriatric/capacity assessment, polytrauma assessment. Research interests: Neuropsychology of mild traumatic brain injury and sports concussion, neurodegenerative disorders, epilepsy, HIV-related neurocognitive impairment, and normal aging; neurobehavioral basis of PTSD. Professional Organizations: American Academy of Clinical Neuropsychology –Affiliate member; Association for Internship Training in Clinical Neuropsychology (Site Representative). Teaching and supervision

interests: Neuropsychological assessment, neuropathology and functional neuroanatomy, statistical issues in assessment, cognitive screening in the hospital setting, psychological assessment.

SERNA, George S., Ph.D., University of Akron, 2004. Assignment: Parma Neuropsychology and Mental Health Ambulatory Care Center. Neuropsychological orientation: Disease Impact/Syndrome Oriented approach. Clinical Specialization: Neuropsychological assessment, geriatric/competency assessment, and Assessment of TBI. Research interests: Biological versus socially-influenced structure of personality, TBI and PTSD in OEF/OIF veterans exposed to blast wave injuries. Professional Organizations: American Psychological Association (Division 6 – Behavior Neuroscience and Comparative Psychology & Division 40 - Clinical Neuropsychology), International Neuropsychological Society, National Academy of Neuropsychology. Academic Appointment: Clinical Instructor of Psychiatry, Case Western Reserve University School of Medicine. Teaching and supervision interests: Cognitive/neuropsychological assessment with geriatric patients with comorbid psychiatric illness and/or dementia as well as individual and group therapy with this population.



CLINICAL PSYCHOLOGY PROGRAM

I. PSYCHOSOCIAL REHABILITATION OF THE SERIOUSLY MENTALLY ILL

(1 Resident)

The Resident participates in a series of clinical and rehabilitation rotations to maximize both breadth and depth of training in assessment, treatment and rehabilitation with persons living with severe mental illness. Training emphasis is given to evidence-based practices for persons with severe mental illness, with primary training rotations offering competency development in psychosocial skills training and cognitive-behavioral psychotherapy. Supplemental training experiences include literature review and site visits with additional evidence-based practice programs offered through this VA, including assertive community treatment, supported employment, and family psychoeducational programs. Our psychosocial rehabilitation programs assist veterans as they progress toward their individual recovery goals through enhanced empowerment, community integration, work and meaningful activity, and familial and social supports. The Residency rotations and supplemental training sites offer extensive experience across the domains of treatment and recovery. The training curriculum includes a site visit with the Summit County Recovery Project, community-based consumer-run activities, where the Resident may interface with nationally recognized consumer advocate psychologist Dr. Frederick Frese. The Major Preceptor for this Residency experience is a voting member of the IRB. This provides the opportunity for the resident to experience the VA research review process behind the scenes. The Residency also incorporates enhanced professional role development, teaching, and supervisory activities. Residents, as practitioner-scholars, are required to conduct a year-long research project or engage in a program development component in which they develop a project with a definable work product.

Advanced Functional Competencies for the Resident in Psychosocial Rehabilitation with the Seriously Mentally Ill:

1. Demonstrate competence in psychosocial skills training, including assessment of needs and preferences, rehabilitation planning, psychosocial intervention, and evaluation of outcomes across a continuum of care.
2. Demonstrate competence in cognitive-behavioral psychotherapy interventions for persons with severe mental illness.
3. Demonstrate competence in differential diagnosis of psychotic spectrum conditions utilizing traditional psychological assessment techniques.
4. Cognitive-behavioral therapy: Demonstrates understanding and skills in individual and/or group cognitive-behavioral interventions for persons with SMI, including knowledge related to selection and effective implementation of specific interventions, and monitoring of progress and outcomes.

5. Psychosocial rehabilitative skills training: Demonstrates competence in rehabilitative skills training for persons with SMI (e.g. illness management and recovery, communication and social skills, relapse prevention and planning, stress management, cognitive re-training, etc.), including incorporation of assessed needs and preferences, effective implementation, and monitoring of progress and outcomes.
6. Advanced SMI assessment: Demonstrates competence in risk assessment and assessment of psychotic symptoms and related expressions of SMI, including utilization of holistic biopsychosocial and differential diagnostic psychological assessment techniques.
7. Collaboration and consultation: Able to collaborate and consult with other disciplines, service recipients, advocates, families and agencies, demonstrating a flexible and comprehensive view of treatment, rehabilitation, and mental health recovery.

Optional/Supplementary Advanced Functional Competencies – Psychosocial Rehabilitation with the Seriously Mentally Ill

1. Psychopharmacology: Demonstrates consultative-level knowledge and skills of in basic psychopharmacology and psychopharmacotherapy for SMI.
2. Family services: Demonstrates skill in family psychoeducation and/or behavioral family therapy.

A. Inpatient Psychiatry (32 hours/week; first-month; then 16 hours/week; 3-month duration)

The Resident initially gains intensive treatment and evaluation experience with veterans in an acute phase of illness on a 30-bed locked inpatient psychiatric unit. The primary training focus of this rotation is to provide the Resident with both experience and comfort with the acute phases of psychopathology of severe mental illnesses. This rotation includes diagnostic evaluation of psychopathology and psychosocial issues, rapid assessment training, interdisciplinary care planning, and individual and group psychotherapeutic interventions. The Resident's training includes:

1. Screening assessments including mental status, cognitive and neuropsychological screening, psychiatric symptom inventory, substance use, functional status, and psychosocial support system review.
2. Psychological evaluation of hospitalized veterans including clinical interviewing, psychosocial history, collateral family/support interviews, personality evaluation, and assessment of psychopathology. Training includes rapid psychological assessment techniques.
3. Differential diagnosis of psychotic spectrum conditions utilizing traditional psychological assessment techniques.
4. Interdisciplinary team participation, including staffing and development of multidisciplinary treatment plans.
5. Acute psychological interventions including individual and group psychotherapy, and behavioral management planning.
6. Capacity evaluations for competency hearings and risk assessment for civil commitment hearings, as needed.

- AND -

B. Consultation/Liaison Team (16 hours/week; 3-month duration [begins second month of Residency])

This supplementary rotation coincides with the Inpatient Psychiatry experience, to broaden the Resident's exposure to severe mental illness and acute psychopathology as it is encountered in a broad healthcare system. The Resident serves as a Psychologist on this multidisciplinary team (including psychiatrists). The Consultation/Liaison Team provides mental health consultation to medical units at the Wade Park campus for hospitalized veterans presenting with emergent psychiatric issues. The Resident conducts bedside assessments of the veteran's conditions, including diagnosis and recommendations for management or triage to alternative level of care. These assessments include rapid psychological assessment methodology, and training in evaluation of functional capacities relative to legal competency is offered. Interprofessional consultation and communication skills are emphasized.

C. Day Hospital (32 hours/week; 4-month duration)

The WP Psychiatry Day Hospital is a 4-week intensive partial hospitalization program for veterans with serious mental illness, which has earned full accreditation by *the Commission on Accreditation of Rehabilitation Facilities* (CARF), under Partial Hospital standards. Opened in 1996 in response to the closing of several inpatient psychiatric units, the Day Hospital was given three primary tasks: 1) prevent hospitalization; 2) reduce length of stay for inpatient psychiatric hospitalization; and 3) aid in and improve transition from an inpatient stay back into the community. The Day Hospital has been successful in accomplishing these goals due to an exemplary multidisciplinary team consisting of the Psychologist program manager, two clinical nurse specialists, a social worker, a Peer Support Specialist, and a part-time prescriber. Fully embracing the recovery model, veterans are provided with education, information, and psychotherapy along with psychopharmacological interventions. The psychiatric population of the Day Hospital consists primarily of individuals with schizophrenia, schizoaffective disorder, major depression, and bipolar disorder. Residents are considered full members of the Day Hospital team. Professional role development experiences include consultation with the multidisciplinary team regarding psychotherapy and diagnostic-related matters, and training in umbrella supervision of predoctoral interns. The Resident will develop skills in:

1. Initial psychosocial assessments, including triage for Day Hospital versus other levels of care (e.g. inpatient).
2. Full psychological evaluations and report writing including the use of MMPI-2 and other measures, usually for diagnostic purposes.
3. Opportunities for coordinating the involvement of family and other support networks.
4. Training in cognitive-behavioral psychotherapy (CBT) with persons with severe mental illness in both individual and group modalities.
5. Skills-based group facilitation and individual psychotherapy.
6. Clinical training supervision through umbrella supervision opportunities.
7. Daily interdisciplinary rehabilitation planning.
8. Outreach and liaison with community resources.
9. Leadership with the Psychologist Program Manager will be emphasized.
10. Opportunity for program evaluation and development experience.

D. Program for Recovery Skills and/or Recovery Resource Center (32 hours/week; 4-month duration; option for rotation scheduling to gain experience in either or both settings)

These two psychosocial rehabilitation programs are administratively overseen by the Major Preceptor for this Residency training emphasis area. Both programs have achieved full CARF accreditation: the Program for Recovery Skills/PRRTP under Residential standards; and the Recovery Resource Center under Community Integration standards.

- ***The Program for Recovery Skills*** is an intensive residential rehabilitation program for persons with severe mental illness (SMI). This is a comprehensive program that employs evidence-based strategies for this population, including illness management and recovery skills training, with an empirically supported integrated dual disorders treatment (IDDT) component for those veterans with SMI and co-occurring addiction. The training rotation emphasizes program development opportunities in the areas of the evidence-based practice recommendations for illness management and recovery, and integrated dual disorder curricula from the Substance Abuse and Mental Health Services Administration (SAMHSA). The 20-bed general psychiatric *Psychosocial Residential Rehabilitation and Treatment Program (PRRTP)* is the residential component, housed within a 37-bed unit, offering an enhanced rehabilitative milieu facilitating recovery for veterans with mental health and/or addiction rehabilitation goals. This model program applies stage-wise intervention strategies for addiction and illness management issues, with an emphasis on early engagement, individual values and goals, and persuasion interventions. Comprehensive, recovery-oriented psychosocial assessment, motivational enhancement, cognitive-behavioral psychotherapy, and group facilitation skills are primary training opportunities in this setting. The Resident is a full member of the interdisciplinary team including a Psychologist Team Leader, psychiatrist, social worker, counselor and rehabilitation providers, Peer Support Specialist, and 24-hour residential nursing staff.
- ***The Recovery Resource Center*** is a Psychosocial Rehabilitation and Recovery Center (PRRC) that offers intensive outpatient mental health services to veterans with serious mental illness. The PRRC is a transitional learning environment that is designed to empower veterans using an individualized, person-centered approach. The PRRC strives to support mental health recovery and integrate veterans into meaningful community roles. This program offers wellness and recovery programming with an emphasis on realizing individualized recovery goals and full community integration. Programming includes social skills training, integrated dual disorders treatment (IDDT) and Cognitive Enhancement Therapy (CET). The program also offers individualized recovery planning and recovery-oriented services coordination. As a member of the fully engaged interdisciplinary team based in the community, the Resident works along side with the Psychologist Team Leader, advanced practice nurse, social workers, and certified Peer Support Specialist providers, and gains experience in learning to effectively engage, assess, and intervene with clients in their natural environment.

In this four-month rotation, the Resident gains extensive experience in evidence-based psychosocial skills training interventions across a range of rehabilitative milieus and modalities; as well as professional psychological experience as a full-member of multidisciplinary teams. The Resident's training includes, but is not limited to, the following:

1. Comprehensive initial and ongoing recovery-oriented biopsychosocial assessments.
2. Interdisciplinary rehabilitation and recovery planning based upon the veterans' assessed needs, preferences and goals across psychosocial domains.
3. Psychosocial skills training and psychoeducation in individual and group formats, also including integrated dual disorders treatment and social skills training.
4. Individual psychotherapy, including cognitive behavioral psychotherapy interventions.
5. Psychological assessment, including differential diagnosis of psychotic spectrum conditions utilizing traditional psychological assessment techniques.
6. Program development and outcomes evaluation.

E. Scholarly Research/Program Evaluation (8 hours/week; year-long duration)

The Resident undertakes a clinical or applied research or program evaluation project to be completed during the Residency year. Within the first month, the Resident will complete mandatory training in good clinical practice and human subject protection and VA research credentialing required by the local Institutional Review Board. By the third month of the Residency, the Resident will have a plan for a defined research or program evaluation project. This project is to include literature review, methodology, data collection or review, and conclusions. The results will be presented formally by the Resident by the conclusion of the Residency year in a suitable format (e.g. Grand Rounds presentation). The Resident may elect to become involved in an ongoing project at the training site, or to develop an investigator-initiated project.

F. Supplemental Training Experiences

1. **Summit County Recovery Project (Optional: 1 site visit).** The Residency has partnered with the Summit County Recovery Project, which was developed to assist persons who are recovering from mental illness to return to dignified, contributing roles in the local community, to the best of their ability. Frederick J. Frese III, Ph.D., nationally recognized psychologist-consumer is the Summit County Recovery Project Coordinator and liaison for the consumer-operated business entities. This training experience will afford the Residents both exposure to selected consumer-run activities and initiatives in the community with consumers who are in the later phases of the recovery process. The site visit includes Choices (a drop-in, consumer-operated community center) and the Consumer Educational Outreach Center (a reading room/lending library).
2. **Evidence-Based Practices for Persons with Severe Mental Illness (Optional: 1-3 site visits each).** The LSCVAMC offers a spectrum of interventions for veterans with severe mental illness, in accordance with nationally recognized clinical guidelines and recommendations. In primary training rotations, the Resident gains competence in two widely recommended evidence-based practices for this population: cognitive-behavioral psychotherapy and psychosocial skills training, as well as practical experience in best practice recommended integrated dual diagnosis treatment approaches. The Residency curriculum includes required literature review relevant to evidence-based practice areas. Clinical experiences across the year include interface and referral of veterans to supplementary rehabilitation programs in accordance with veterans' personal rehabilitation and recovery goals. To enhance the Resident's practical exposure to additional evidence-based interventions, one to three site visits are optionally scheduled with each of the following programs:
 - a. **Mental Health Intensive Case Management (MHICM).** An assertive community treatment-model case management program offered through community-based outpatient clinics for veterans with severe mental illness. This program has also instituted an Integrated Dual Disorders Treatment case management initiative.
 - b. **Supported Employment.** Our supported employment program achieves excellent fidelity ratings for best-practice in this evidence-based employment services for persons with severe mental illness. Vocational employment specialists work closely with numerous clinical programs for persons with severe mental illness.

- c. **Family Education/Psychoeducation.** Family psychoeducation and education programs are intermittently offered for veterans with severe mental illness and their supports through a community-based outpatient clinic and/or in partnership with the National Alliance on Mental Illness (NAMI).
- 3. **Ohio Suicide Prevention Foundation (Optional; 1 or more site visits):** The Ohio Suicide Prevention Foundation (OSPF) was established in 2005 to promote suicide prevention as a public health issue and to advance awareness to support suicide prevention activities. Ohio Department of Mental Health partnered with Ohio State University, the state Suicide Prevention Team, suicide survivors and advocacy groups, and numerous private and public agencies in this initiative. The Resident has the opportunity to attend an OSPF Advisory Committee meeting with a Residency major preceptor who serves on this state panel. Education regarding suicide prevention initiatives and expanded professional roles for psychologists in public health policy is the focus of this experience.

II. COMMUNITY INCLUSION FOR THE SERIOUSLY MENTALLY ILL

(1 Resident)

This Inter-professional Post-Doctoral Residency in Clinical Psychology is focused on Community Inclusion with Veterans who experience SMI and is in partnership with Social Work and Chaplain Service. Residents in this fellowship will learn and work alongside other Social Work and Chaplain trainees to assist individuals with attaining self-determined goals and roles in their communities of choice. In general, Inter-professional care requires providers to demonstrate in-depth understanding of various professional disciplines on the team and effectively involve, engage, and integrate those other providers to improve case-specific client outcomes. Inter-professional collaboration also aims to bring disciplines together to address needs within a system of care.

The residents in this program will develop competency in or have significant exposure to many of the traditional and evidence-based psychosocial interventions for individuals who experience serious and persistent mental illness, co-occurring addictive disorders, homelessness and various health or life challenges. Some of the interventions that the fellows will learn or be exposed to are: Illness Management & Recovery, Integrated Dual Diagnosis Treatment, Assertive Community Treatment, Supported Employment, Cognitive-Behavioral Therapy, Social Skills Training, just to name a few.

The primary focus for the Psychology Resident in this fellowship is to develop skills and competencies that help individuals with complex psychosocial challenges flourish in their natural environments. Residents will hone assessment skills using various cognitive, personality (projective, objective) and recovery-oriented measures and use those findings to develop meaningful treatment recommendations. Special emphasis will be placed on developing measurable, person-centered care plans that address an individual's needs and reflect an understanding of the various stages of change. In addition to improving knowledge of community-based work and interventions, Residents will engage in rotations and clinical experiences that expose them to the entire continuum of psychiatric care. The PRRC, a primary rotation site, also offers telehealth services at a remote location so residents will obtain valuable experience conducting mental health assessments and sessions by video. During the SMI Inclusion Inter-professional

Residency, Psychology Fellows will learn a great deal about organizational systems, program design/implementation/evaluation, developing community partnerships and managing a mental health program.

Advanced Functional Competencies for the Resident in SMI Inclusion:

1. Demonstrates understanding of community inclusion domains and principles, and utilizes effective intervention strategies that increase opportunities for community participation and include resources within the person's community of choice. Interventions are community-based when feasible and aim to increase independence.
2. Demonstrates knowledge of Psychosocial Rehabilitation (PSR) principles and competence in PSR skills training for persons with SMI (e.g. illness management and recovery, communication and social skills, relapse prevention and planning, cognitive re-training, motivational interventions, etc.).
3. Demonstrates competence in risk assessment and assessment of psychotic symptoms and related expressions of SMI, including utilization of holistic biopsychosocial and differential diagnostic psychological assessment techniques.
4. Demonstrates an ability to Incorporate strengths, needs, abilities and preferences of the individual into the care plan. Demonstrates understanding of the holistic needs of the individual, various stages or change/treatment and effectively monitors progress/outcome. Collaboratively engages other disciplines, advocates, services, families and supporters in the individual's recovery process when warranted.
5. Demonstrates in-depth understanding of various professional disciplines on the team and can effectively involve, engage, and integrate other providers to improve case-specific client outcomes. Possesses the ability to work with other disciplines on a common project to improve systems of care for individuals with SMI

Optional/Supplementary Advanced Functional Competencies – SMI Inclusion

1. Demonstrates understanding of Integrated Dual Diagnosis Treatment (IDDT) principles, stages of change and is able to correctly identify stages of treatment for individuals with dual disorders. Demonstrates competence/skill in basic substance abuse interventions and able to develop appropriate stage-wise interventions.
2. Demonstrates skill in family psychoeducation and/or behavioral family therapy. Can effectively incorporate supports into recovery plans and treatment interventions.
3. Demonstrates knowledge and understanding of Vocational Rehabilitation and Supported Employment principles, conducts appropriate vocational needs assessments, develops appropriate employment goals, uses effective coaching techniques to improve job performance and job retention, and can coordinate with vocational staff and employers to improve vocational/employment outcomes.

4. Demonstrates understanding of the biological bases of Schizophrenia-spectrum mental illnesses, can administer Cognitive Enhancement Therapy (CET) interviews and assessments, develop treatment plans and conduct psychosocial skills groups in a manner that meets fidelity with CET.

The SMI Inclusion Resident will participate in the following three primary rotations:

A. Psychosocial Rehabilitation & Recovery Center (PRRC) - 6 months

1. Individual interventions focused on engagement strategies and longer term therapeutic interventions, as individuals are usually in PRRC for a year or longer, as opposed to much shorter duration in other VA programs.
2. Projective & Objective personality assessment.
3. Groups focusing on Evidenced Based Practices for individuals with SMI.
4. Community-based interventions to increase skills in the community (In-vivo skills training, home evaluation when appropriate, etc).
5. Telehealth assessments and interventions (group, individual).
6. Conducting a Bridge Group on the Inpatient Psychiatry Unit and participating in treatment teams when appropriate.
7. Additional opportunities to be involved in family programming, Cognitive Enhancement Therapy (CET), Equine Assisted Services, etc.

B. Specialized Evidence-Based Psychosocial Rehabilitation services – 3 months

1. Mental Health Intensive Case Management/Integrated Dual Diagnosis Treatment – MHICM (16 hrs): Perform screenings/assessments, assist with care planning, brief interventions, assertive outreach for those with dual disorders.
2. Comprehensive Homeless Center Outreach Program – Hud/Vash, Housing First, Veterans Justice Outreach, Grant & Per Diem, Community Resource & Referral Center (8 hrs) - Assist with specialized assessments, care planning and outreach w/ emphasis on brief interventions for veterans who are formerly homeless, homeless or at risk of homelessness.
3. Supported Employment (8 hrs) - Emphasis on vocational assessment, care planning and interventions to increase skills to maintain employment.

C. Other Homeless and Community-Based Experiences – 3 months

1. Home-Based Primary Care – HBPC (16 hours): Individual home-based assessments, care planning, and interventions on a multidisciplinary team of health professionals.
2. Homeless Domiciliary (16 hours): Program development focused on individuals with SMI who are homeless. Brief therapy and assessments aimed at helping veterans manage psychosocial issues/problems and plan for transition to the community.

In addition to the primary rotations, the SMI Inclusion Resident will be:

- A. Completing a year-long program evaluation or research project (One day, 8 hrs/week)
Developing at least 2 groups based on needs/preferences of person served with rationale that is based on relevant literature and PRRC model of care.

- B. Developing a community partnership and gaining exposure to local mental health and homeless continuum of care (attending meetings at the local mental health board or office of homeless services with preceptor) .
- C. Presentations to one of the local boards, programs, continuum of care.
- D. Umbrella supervision of psychology interns.

III. POSTTRAUMATIC STRESS DISORDER

(1 Resident)

The PTSD Special Emphasis Area is a multifaceted training program that involves many psychologists across three treatment units within the LSCVAMC: the PTSD Clinical Team (PCT), the Mental Health Clinical Care Team (MHACC), and the Polytrauma Center. All Residents will spend the year in these three main rotations and the length of time and activities within each will be individualized according to the Resident's training plan. In addition, an optional women's trauma rotation is available for those interested in more in depth training and application of skills in this domain. The PCT offers short-term (on average 3-6 months) evidenced-based therapies in individual and group formats, and includes a PTSD Residential Program. The MHACC offers a wide variety of long and short-term individual and group therapies (Acceptance and Commitment Therapy, Dialectical Behavior Therapy, as well as psychodynamic approaches). The Polytrauma Center provides exposure to assessment and individual psychotherapy with veterans suffering from mild traumatic brain injuries and PTSD. The PTSD Resident will participate in an individualized combination of experiences that include these three units. The intention is to maximize the scope and depth of expertise obtained from working with men and women of all eras who present with a broad range of stress disorders, including complex cases who struggle with comorbid conditions.

Our training model encourages assessment of physiological, psychological, familial, and resilience factors to guide an integrated, interdisciplinary treatment plan with special emphasis on empirically-based treatments. We begin by carefully designing the particular combination of experiences based on the Resident's needs and interests for the training year. Initially this will include focused training in assessment (which may include Compensation and Pension Examinations), Prolonged Exposure, Cognitive Processing Therapy (with Image Rehearsal Therapy/Nightmare Resolution available), Acceptance and Commitment Therapy (ACT), and Dialectical Behavior Therapy (DBT). These core skills will then be tailored to fit the populations and clinical conditions of the veterans during subsequent rotations. Those rotations will include exposure to OIF/OEF/OND veterans of the Afghanistan and Iraq wars, men and women with military and/or childhood sexual trauma, traumatic brain injuries, Vietnam and WWII veterans, as well as the wide range of PTSD from non-military traumas, many of which entail widely varying combinations of mental health disorders. Treatment modalities will include an unusually wide array of group formats along with individual and marital psychotherapy. With the core evidenced-based therapy skills mastered, Residents will be able to apply themselves to each of the rotations described below in a flexible manner, individually creating a combination of training experiences to meet their training needs and interests.

Advanced Functional Competencies for the PTSD Resident:

1. Evidence-based psychotherapy: Demonstrates understanding of research-base and skills in delivery of Prolonged Exposure for PTSD, and Cognitive Processing Therapy, in both individual and group formats.
2. Assessment and treatment planning for commonly co-occurring disorders: Able to recognize, assess and make treatment recommendations regarding commonly co-occurring disorders, including traumatic brain injury (TBI), substance use disorders, and depressive disorders. Demonstrates familiarity with the clinical practice guidelines for these co-occurring conditions, and consistently consults with appropriate providers.
3. Adjunctive treatments for PTSD: Demonstrates knowledge of the Clinical Practice Guidelines (CPG) for PTSD and the role of adjunctive therapies. Demonstrates skills in delivery of a minimum of two adjunctive therapies for PTSD outlined in the CPG.

Optional/Supplementary Advanced Functional Competencies – PTSD

1. Psychopharmacology: Demonstrates consultative-level knowledge and skills in basic psychopharmacology and psychopharmacotherapy for PTSD.
2. Family services: Demonstrates skill in family psychoeducation and/or couples-based therapy for those with PTSD.
3. DBT/ACT: Demonstrates skill in the delivery of Acceptance and Commitment Therapy as it relates to PTSD and/or Dialectical Behavioral Therapy for persons with histories of severe trauma.

A. PTSD Clinical Team (8-24 hours/week; 4-month to full year duration)

The PCT provides time-limited and empirically supported treatments for PTSD. Residents work within an interdisciplinary team comprised of psychologists, social workers and psychiatrists. The client population includes men and women whose military experiences span World War II, Korea, Iraq, and Afghanistan. The PCT gives treatment priority to those who had sustained traumatic experiences in the military, including but not limited to combat and military sexual trauma. Patients may have severe, acute, and/or treatment-resistant PTSD as well as co-morbid diagnoses including substance use disorders. Treatments are offered in both individual and group format, and include: cognitive processing therapy, prolonged exposure therapy, nightmare resolution therapy and several approaches to integrated care for PTSD/SUD (Seeking Safety, Motivational Interviewing, Relapse Prevention, and psychoeducation). Patient care and support services are tailored to meet the individuals' needs, taking into account their cultural, ethnic, gender and age-related characteristics. The resident conducts comprehensive assessments to arrive at accurate diagnosis, appropriate disposition for level of care, and referrals if indicated. Team members are involved in empirical research and outcome studies, and residents are encouraged to participate.

The PTSD Clinical Team also provides an nine-week cohort-based residential integrated PTSD/SUD program that involves therapeutic interventions 6 hours per day, five days per week. The Resident can gain competence in working intensively using empirically-based therapies (PE and CPT) with male veterans who suffer from PTSD and multiple social and personal coping skills deficits. The treatment program is open to male veterans from all eras whom experienced combat or non-combat traumatic

events during their service. The Resident works with a psychologist on a multidisciplinary team that includes a psychiatrist, social worker, and occupational therapist. The Resident conducts intake assessments, facilitates trauma-focused and educational groups, and provides case management, along with individual and family counseling, as needed. Clients accepted into the Program suffer from chronic PTSD and co-morbid substance abuse, as well as other mood and personality disorders. The Program strives to help individuals manage the social, vocational, and physical effects of their stress disorder. Interventions focus on resolution of interpersonal, social, and vocational problems associated with acute and chronic PTSD through the integration of exposure-based, cognitive restructuring, and mindfulness techniques.

B. Mental Health Ambulatory Care Center Rotation (4-8 hours/week; 4-month to full year duration)

This outpatient rotation is focused on doing multifaceted psychotherapy with opportunities to engage in group and individual psychotherapy with male and female veterans. Veterans present with complex cases of PTSD, including sexual trauma, OIF/OEF/OND veterans at all stages of recovery, and comorbid diagnoses. We have specialties in acceptance-based approaches such as Acceptance and Commitment Therapy, programming based on Dialectical Behavior Therapy, mindfulness interventions, and Prolonged Exposure Therapy. There are groups that focus on sexual trauma, depression and anxiety conditions, anger, and values. The MHACC is often the veteran's first encounter with treatment in the VA system, and provides a unique opportunity to work with patients at initial contact, in protocol-driven treatments, and longer-term working-through modalities of psychotherapy. The Resident will be involved in assessment, advanced case conceptualization, development and implementation of meaningful treatment plans, individual psychotherapy, and as a co-therapist in group therapy formats.

C. Polytrauma Center (4-8 hours/week; 4-month to full year duration)

The Polytrauma Center is a multidisciplinary outpatient treatment team which coordinates care for veterans exposed to explosions and bodily injury. The multidisciplinary staff at the Center includes psychologists with Behavioral Medicine and Rehabilitation psychology experience as well as experience in PTSD treatment. This population often has a mix of PTSD, chronic pain, and prolonged post-concussive disorder symptoms requiring integrated care. Interventions include motivational interviewing, cognitive-behavioral strategies, coping skills training, and family interventions, as well as group and individual treatment for PTSD. A major goal is to enhance each patient's motivation to realign their expectations and find ways to make their life meaningful despite bodily injury and/or chronic pain associated with their trauma. Patients are supported in gaining a sense of efficacy through setting behavior change goals and developing coping skills that will enable them to enhance their recovery from the physical and psychological effects of trauma. The Resident will have opportunity to work with a Rehabilitation psychologist and gain expertise in the differential diagnosis of PTSD and cognitive impairments arising from TBI. The Resident will consult regarding mental health issues, provide family consultation and guidance, and conduct group and individual therapy.

D. Women's trauma treatment (4-8 hours/week; 2-6 month duration)

The Resident will have opportunities to provide treatment to women survivors of trauma across a variety of other rotations. The women's trauma rotation affords Residents more depth in training experiences in additional treatment environments. Residents in this rotation will have the opportunity to work within the Women's Health Clinic to offer short term treatments within a behavioral health setting and consultation to providers within the Medical Center. Residents have the option of providing services in a newly developed women's intensive outpatient program for those who have experienced interpersonal trauma. This program integrates mindfulness/body work, DBT skills and cognitive

behavioral interventions. Additional opportunities include working on special projects, program development, and initiatives with the Military Sexual Trauma coordinator.

E. Scholarly Research/Program Evaluation (8 hours/week; full year duration)

The Resident undertakes a clinical or applied research or program evaluation project to be completed during the Residency year. Within the first month, the Resident will complete mandatory training in good clinical practice and human subjects' protection, and will complete credentialing required by the local Institutional Review Board to participate in VA research. By the third month of the Residency, the Resident will have a plan for a defined research or program evaluation project. This project is to include literature review, methodology, data collection or review, and conclusions. The results will be presented formally by the Resident by the conclusion of the Residency year in Grand Rounds. The Resident may elect to become involved in an ongoing project at the training site, or to develop an investigator-initiated project.



IV. SUBSTANCE ABUSE and PROCESS ADDICTIONS



(1 Resident each program)

The Resident participates in a series of rotations to maximize the scope and depth of training in the assessment and treatment and rehabilitation of individuals coping with a broad range of substance use disorders and behavioral addictions. Training emphasizes the use of empirically-validated approaches to conceptualizing, assessing and treating individuals with addictive disorders. Residents are afforded the opportunity to develop and enhance their competence in motivational interviewing and enhancement techniques, cognitive-behavioral interventions, relapse prevention skills training, mindfulness based relapse prevention, and use of Twelve-Step facilitation approaches. The Substance Abuse interdisciplinary approach also offers the Resident the opportunity to gain experience with developing comprehensive, integrated treatment plans based upon individual recovery goals. Training rotations offer the development of competence in diagnosis of substance use disorders and gambling disorder, as well as differential diagnosis of complex co-occurring psychiatric disorders and their relationship to the addictive disorder. The residency experience also incorporates enhanced professional psychological role development, teaching, and supervisory activities. Special emphasis is placed on gaining experience in program development, implementation, and outcomes monitoring.

A broad range of addiction programming is available in this setting, across the spectrum from clinical detoxification interventions, early engagement, outpatient and residential primary addiction rehabilitation services, and aftercare. The addiction recovery programs at LSCVAMC are among the largest in the VA healthcare system, and include the only veterans' residential treatment program for gambling disorder in the nation for both the VA and Department of Defense (DOD). Psychology training has been an emphasis within our addiction services for over 35 years. The Substance Abuse Resident participates in training rotations to maximize the breadth and depth of experience in assessment, treatment, and rehabilitation of veterans with the range of addictive disorders.

Advanced Functional Competencies for the Resident in Substance Abuse:

1. Develop competence in differential diagnosis, case conceptualization and prioritization of treatment planning and goals of comorbid disorders found among individuals with addictions including but not limited to substance dependence and/or pathological gambling.
2. Develop competence in the implementation of treatment interventions for substance abuse and behavioral addictions utilizing evidenced-based motivational, cognitive-behavioral, mindfulness, and Twelve Step strategies.
3. Develop or enhance individual, group, couples and family intervention skills, including harm reduction, abstinence, relapse prevention, and support networks strategies for veterans with primary and comorbid addictive disorders.
4. Psychosocial Intervention- Cognitive Behavioral Treatment: Demonstrates understanding and skills in individual and/or group cognitive-behavioral interventions for persons with addictions, including knowledge related to selection and effective implementation of specific interventions, and monitoring of progress and outcomes.
5. Psychosocial Intervention-Motivational Interviewing: Demonstrates MITI competence (achieving an average score of 4 on a 5 point scale) scoring on taped and/or live therapeutic interactions. This would include competence in MI scales measuring autonomy, direction, empathy, spirit, and responding to and inviting change talk.
6. Advanced Addictions Screening and Assessment: Demonstrates competence in the selection and implementation of screening and assessment tools, including competencies in risk assessment, and utilization of biopsychosocial assessment instruments to then inform treatment plans and prioritize a complex set of problems and goals.
7. Care coordination and consultation: Demonstrates competence to collaborate and consult with other disciplines, service recipients, advocates, families and agencies, demonstrating a flexible and comprehensive view of treatment, rehabilitation, and recovery.
8. Optional/Supplementary Advanced Functional Competencies – Substance Abuse/Addictions
9. Psychosocial Intervention- Contingency Management: Demonstrates an understanding of contingency management (CM) or motivational incentives including participation in the CM program as a facilitator and/or program developer.
10. Psychosocial Intervention-Mindfulness Based Relapse Prevention: Demonstrates skill in mindfulness-based relapse prevention (Marlatt) in group and/or individual treatment.

Several rotation options are available for trainees, designed to meet their individual training needs and preferences. Each rotation is available for two 6-month rotations or three 4-month rotations. As such, the resident may chose two or three of the following experiences:

A. Gambling Treatment Program (GTP)

The GTP was the first program of its kind in the nation and remains the only residential program for treatment of pathological gambling within the VA system, receiving national referrals of veterans and active duty military service members for this specialty treatment program. Veterans and active duty service members present with a broad array of complex comorbid conditions. The Resident is an interdisciplinary team member, utilizing empirically-validated approaches to the treatment of pathological gambling including motivational enhancement and motivational interviewing, cognitive-behavioral strategies, mindfulness, relapse prevention, money protection and harm reduction, and Twelve Step integration. Intensive motivational interviewing training including taping and coded feedback is available. Option A: 4 months 32 hours per week; Option B: 6 months 32 hours per week.

The Resident's training includes:

1. Screening, assessment and diagnosis of gambling disorder and comorbid disorders using interviewing and psychological testing.
2. Interdisciplinary team staffing and treatment planning.
3. Individual therapy, group facilitation, family interventions, and development of continuing care plans.
4. Program development, implementation, and outcomes monitoring.

B. PR RTP/Program for Recovery Skills

The Program for Recovery Skills is an intensive residential program for persons with severe mental illness (SMI). The Resident is an interdisciplinary team member in this comprehensive residential rehabilitation program that employs evidence-based strategies for veterans with SMI, including illness management and recovery skills training, with an empirically supported integrated dual disorders treatment (IDDT) component for those veterans with SMI and co-occurring addiction Option A: 4 months 32 hours per week; Option B: 6 months 32 hours per week.

The Resident will develop skills in:

1. Comprehensive initial and ongoing biopsychosocial assessments.
2. Psychological assessment, including substance use assessment and differential diagnosis of a broad spectrum of co-occurring disorders using traditional psychological techniques.
3. Integration of recovery skills in both addictive disorders and serious mental illness.
4. Relapse prevention interventions in group, family and individual formats.
5. Psychosocial skills training, relapse prevention planning, motivational enhancement and psychoeducational interventions in group and individual formats.
6. Program development and evaluation.

C. Primary Substance Abuse Programs

One of the largest substance abuse programs in the VA Healthcare System, we offer a broad range of experiences ranging from brief intervention to Intensive Outpatient Programming (IOP), and Residential Treatment. Experience includes options for Early Intervention, Acute Detoxification, the Women's Addiction Treatment Program, the Residential (Male) Primary Substance Abuse Treatment Program, and/or the Intensive Outpatient Program. Option A: 4 months 32 hours per week; Option B: 6 months 32 hours per week.

Primary Substance Use Disorder Treatment Programs Options:

1. **Women's Addiction Treatment Program.** The Women's Addiction Treatment Program (WATP) is a residential program that was created exclusively for women to eliminate typical treatment

barriers including shame, hopelessness, fear and despair through providing a safe, non-confrontive environment that helps women explore the discrepancy between their sober values and continuation of substance abusing behaviors. Our focus is addiction recovery integrated with consideration to other psychopathology. This program's goal is to help women veterans achieve and maintain a sober lifestyle through the evidence-based treatment model Helping Women Recover (Covington), supplemented by Motivational Interviewing and Enhancement, Mindfulness, and Dialectical Behavior Therapy.

2. **Residential Primary Substance Abuse Treatment Program or**

3. **Intensive Outpatient Program.** The Residential Primary Treatment Programs and Intensive Outpatient Treatment Program are primary addiction treatment programs that offer a full-range of services to for male veterans in recovery from primary addictive disorders. In addition to primary educational and skills training interventions, these programs offer programming that emphasizes social skills training, other coping strategies, and brief motivational interventions.

Residents in this rotation gain experience across a range of recovery services and populations. The Resident has the opportunity to elect from a range of sites and populations, to support their personal training goals. The Resident's training on these rotations includes:

1. Screening for substance use, gambling and other process addictions, psychiatric symptoms, and support network problems;
2. Comprehensive biopsychosocial/spiritual assessment;
3. Differential diagnosis of comorbid psychiatric disorders;
4. Motivational enhancement, relapse prevention skills training, 12-Step facilitation, mindfulness based relapse prevention and cognitive behavior therapy;
5. Interdisciplinary team participation, including staffing and development of multidisciplinary treatment plans.

These programs may include the following experiences in both acute detoxification and intake/assessment, again depending on the resident's training needs:

1. **Acute Detoxification** including clinical detoxification protocols, with an emphasis on acute assessment and early engagement;
2. **Intake/Assessment** including general intake and early engagement for veterans presenting to the addictions programs or to the primary care or other healthcare clinics in the medical center.

D. Scholarly Research/Program Evaluation (8 hours/week; year-long duration)

The Resident undertakes a clinical or applied research or program evaluation project to be completed during the Residency year. If the formal research option is selected, within the first month, the Resident will complete mandatory training in good clinical practice and human subject protection and VA research credentialing required by the local Institutional Review Board. By the third month of the Residency, the Resident will have a plan for a defined research or program evaluation project. This project is to include literature review, methodology, data collection or review, and conclusions. Whether it is a formal research project or a program evaluation project, the results will be presented formally by the Resident by the conclusion of the Residency year at our weekly Case Western Reserve University School of Medicine Psychiatry Grand Rounds. Additional opportunities for a scholarly presentation may be afforded to the resident at state or national conferences. The Resident may elect to become involved in an ongoing project at the training site, or to develop an investigator-initiated project.

E. Optional Supplemental Training Experiences

The following professional development, training and educational activities and opportunities are available as part of options A, B and C above:

1. **Smoking Cessation Program.** Smoking cessation is offered in a variety of settings at this facility. The Resident may elect to participate in a primary smoking cessation intervention program, as an adjunct to training during one primary rotation.
2. **Ohio Council on Problem Gambling.** The Ohio Council on Problem Gambling is a state advocacy organization. The Resident may elect to attend one or more community advocacy activities or training events, and may be afforded the opportunity to co-present at state or national conferences.
3. **Criminal Justice Outreach.** Community outreach for veterans with forensic Issues through the Cuyahoga County Justice Center.
4. **Homeless Shelter Veteran Outreach.** Community outreach for homeless veterans.
5. **Organ Transplant.** Participate in the recovery skills group for veterans referred to the organ transplant list due to substance use concerns.

V. COUPLES AND FAMILY SERVICES

(1 Resident)

A. Residency Overview

The Resident participates in an interprofessional training program comprised of practitioners and trainees from Psychology, Chaplain Service, and Social Work. The Resident will be part of the Clinical Psychology, Special Emphasis Area Residency Program with the intention that collaborative work across these three disciplines will enhance the provision of Family and Couples Counseling Services (FCCS) at the Louis Stokes Cleveland Veterans Affairs Medical Center (LSCVAMC). Currently, Psychology, Chaplain, and Social Work services provide independent FCCS. The FCCS interprofessional team will provide independent and conjoint treatments, including therapy, pastoral counseling, family education and consultation to our Behavioral Health Interdisciplinary Program (BHIP) Teams, the Posttraumatic Stress Disorder (PTSD Clinical Team (PCT) and the Gerontology Team in the General Mental Health Clinic. The training curriculum and experiences for the FCCS Resident will emphasize systems and communication interventions designed for couples and families, as well as clinical pastoral counseling and family education within an interprofessional framework.

Currently, our professionals include practitioners trained in and practicing all of the VA endorsed evidence-based practices for families and couples: Behavioral Family Therapy (BFT), Integrated Behavioral Couples Therapy (IBCT), Family Education/Psychoeducation through Veterans Support and Family Education (VSAFE), and VA-NAMI Family to Family Education Program Partnership. Additionally, we offer other evidence-based couples interventions derived from the work of Drs. John & Julie Gottman, Strategic Family Therapy, Emotionally Focused Couples Therapy, and Warrior 2 Soulmate (W2SM) couples workshop. Our current FCCS assists veterans, their partners, and/or families (family “members” are identified and defined by the veteran) through direct work on relationship struggles, as well as family and couples counseling that assists in managing factors that can significantly impact relationship dynamics and quality, such as serious mental illness (SMI) and Posttraumatic Stress Disorder (PTSD).

The Residency rotations and supplemental trainings are designed to allow for flexibility in experiences and attention to the manner in which FCCS are delivered for extended periods of time. Training emphasis is given to evidence-based practices. Attention is also given to multicultural issues, including same-sex and transgendered relationships. The specific training curriculum includes provision of outpatient FCCS, participation as a presenter at the quarterly W2SM workshops, and collaboration with our intensive outpatient programs (IOPs), residential programs (addiction, Domiciliary, and residential SMI treatment), and the Psychosocial Recovery Resource Center (PRRC). The Major Preceptor for this Residency is a psychologist involved with family and couple services in the Cleveland VA Health Care System.

In addition to clinical practice, Residents, as practitioner-scholars, are required to conduct a year-long research project or engage in program development in which they develop a project with a definable work product. This provides the opportunity for the resident to experience the VA research review process, identify an area of need in couples and family services, implement some form of treatment or intervention to fulfill this need, and survey the results of the intervention.

Last, the Residency also incorporates enhanced professional role development, teaching, and potential supervisory activities. As a member of an interprofessional program, the Resident participates in monthly professional and clinical development seminars with residents and interns from our Social Work and Chaplain departments. Learning how to collaboratively work with these other disciplines is crucial to professional development and a major mission of this program. Residents may also have the chance to supervise predoctoral psychology interns who choose an enrichment in family and couples services.

B. Advanced Functional Competencies for the Resident in Family and Couples Counseling Services

The core educational objectives of this training program are to produce practitioners well-versed in evidence based models of care for families and couples undergoing debilitating stress to the family system.

The “core” educational objectives will be for trainees to:

- Gain an understanding of how couples and family systems operate and maintain equilibrium in behaviors and cognitions that either promote or hinder well-being among family members.
- Gain an understanding of how evidence-based interventions can modify family and couples communication and behaviors to establish or restore beneficial interactions.
- Gain expertise, through practice and pedagogy, in utilizing appropriate couples and family interventions to change disabling couples and family dynamics.
- Develop knowledge and skills in treatment planning and strategic goal setting for couples and families in therapy.

C. Core Competencies

Specific core competencies are in accordance with the American Association for Marriage and Family Therapy’s December, 2004 Marriage and Family Therapy Core Competencies, and are recommended by the American Psychological Association as guidelines for psychologists who practice family and couples therapy.

1. Demonstrate competence in understanding and utilizing systems concepts, theories, and techniques that are foundational to the practice of marriage and family therapy. This will

include development of hypotheses regarding relationship patterns, examination of extra therapeutic factors that can influence treatment, and contextual assessment of systemic problems.

2. Demonstrate competence in the utilization of individual, couple, and family assessment instruments appropriate to the presenting concerns, practice setting, and cultural context through the application of effective and systemic interview techniques and strategies, and administration and interpretation of appropriate assessment instruments. This will include utilization of models and instruments related to the assessment and diagnosis of mental health disorders, substance use, and relational functioning, as well as assessment of safety issues (interpersonal violence (IPV); child, elder, and/or abuse of a vulnerable person; suicidality; risk to others).
3. Demonstrate competence in the application and use of models, modalities, and/or techniques most effective for presenting problems including evidence-based therapies and culturally sensitive approaches that match the family or couple's needs, goals, and values with sensitivity to special cultural considerations.
4. Collaboratively develop treatment goals, treatment plans, measurable outcomes, and aftercare plans utilizing a systemic perspective. This will include prioritization of treatment goals, continual subjective and objective evaluation of progress towards treatment goals, recognition when and how treatment goals and plans should be renegotiated, and development of termination and aftercare plans.
5. Collaborate and consult with other disciplines, service recipients, advocates, families and agencies, when necessary with particular attention to the potential need for referral(s) to other VA and non-VA resources and/or professionals.
6. Work within professional, ethical, and legal boundaries as well as within VA policies and procedures. Recognize ethical dilemmas, appropriately use supervision and consultation, understand the limits of confidentiality in couples and family therapy, and develop safety plans when needed.

D. Optional/Supplementary Advanced Functional Competencies – Family and Couples Counseling Services

1. Psychopharmacology: Demonstrates consultative-level knowledge and skills in basic psychopharmacology.
2. Interprofessional services: Demonstrates understanding and appreciation for the services and skills offered by other disciplines working with individuals, couples, and families.

E. Scholarly Research/Program Evaluation (8 hours/week; year-long duration)

The Resident undertakes a clinical or applied research or program evaluation project to be completed during the Residency year. Within the first month, the Resident will complete mandatory training in good clinical practice and human subject protection and VA research credentialing required by the local Institutional Review Board. By the third month of the Residency, the Resident will have a plan for a defined research or program evaluation project. This project is to include literature review,

methodology, data collection or review, and conclusions. The results will be presented formally by the Resident by the conclusion of the Residency year in a suitable format (e.g. Grand Rounds presentation). The Resident may elect to become involved in an ongoing project at the training site, or to develop an investigator-initiated project.

F. Supplemental Training Experiences

The Resident may elect to devote a portion of their time to working with families and couples in other programs at the Cleveland VA. This may include working with the families of veterans on our inpatient psychiatric unit, those residing in our nursing home (Community Living Center), veterans and families involved in the Family Caregivers program, and creation of supplemental treatments for couples and families, such as parenting skills classes, multifamily counseling, and psychoeducation on mental illness, communication skills, or other topics of professional interest to the resident.

CLINICAL PSYCHOLOGY STAFF

ARONOFF, Julie Harmon, Ph.D., Wayne State University, 1992. Assignments: Supervisory Psychologist; Local (Facility) Recovery Coordinator. Theoretical orientation: Cognitive-Behavioral. Clinical specializations: severe mental illness; psychosocial rehabilitation and recovery; psychological assessment for differential diagnosis, including projectives. Publications and research interests: program evaluation and outcomes monitoring. Professional organizations: Past President, State Board of Psychology of Ohio. Teaching and supervision interests: Psychological assessment; mental health recovery; professional ethics.

BISCARO, Michael, J., Psy.D., Xavier University, 2005. Diplomate - Forensic (ABPP). Assignment: Director of the Recovery Resource Center. Theoretical Orientation: Integrative with emphasis on cognitive behavioral, dynamic, and systems theories. Clinical specializations: board certified in Forensic Psychology, psychosocial rehabilitation and the recovery model for serious mental illness, group and individual therapy, and psychological assessment. Clinical and Research Interests: evidence-based practices in treating serious mental illness, process/outcome in psychosocial rehabilitation and recovery, and forensic evaluation. Publications: self-efficacy, alcohol expectancy and problem-solving appraisal as predictors of alcohol use in college students in college student journal, vol. 38, 2004. Professional Organizations: American Psychological Association, American Board of Professional Psychology, American Academy of Forensic Psychology. Teaching and Supervision Interests: psychosocial rehabilitation and the recovery model, evidence-based practice in SMI, group and individual psychotherapy, psychological assessment and forensic psychology, program development, implementation, & evaluation. Professional activities outside the VA: forensic consultant for the Psycho-Diagnostic Clinic and Cuyahoga County Juvenile Court, Joseph's Home board of directors & Joseph's Home program committee chair.

BREGLIA, Daniel, Psy.D., Widener University, 2005. Assignment: Couples and Family Services Program at Wade Park. Theoretical Orientation: eclectic, cognitive-behavioral, experiential, and systems theory. Clinical Specialization: Sexual trauma & compulsivity; family & couples therapy; forensic psychology; general biofeedback. Research interests: emotion theory; process-experiential therapy; offender treatment outcomes. Supervision interests: psychotherapy, case conceptualization, and therapeutic alliance.

BREIGHNER, Emily Ph.D., University of Toledo, 2008. Assignments: Supervisory Psychologist; Coordinator of Peer Support Services; Local Recovery Coordinator. Theoretical orientation: Integrated recovery-oriented cognitive-behavioral and psychodynamic. Publications and research interests: Recovery in severe mental illness; narrative therapeutic techniques. Teaching and supervision interests: Individual and group psychotherapy; Projective testing; Program Development.

CHAPMAN, Heather A., Ph.D., Kent State University, 1997. Assignment: Deputy Director, Veterans Addiction Recovery Center; Director Gambling Treatment Program; Major Preceptor, Clinical Psychology Postdoctoral Residency Special Emphasis in Addictions/Substance Abuse. Theoretical Orientation: Eclectic: Psychodynamic conceptualization, cognitive-behavioral, motivational interviewing, mindfulness. Clinical specialization: Gambling Disorder, addictions, dual-diagnosis, group and individual psychotherapy, and clinical research. Publications: Addictions, Dual-Diagnosis, Depression, and Schizophrenia. Current research interests: Gambling disorder, personality, dual diagnosis, suicidality. Professional Organizations: National Council on Problem Gambling. Other professional activities outside VA: independent practice, professional consultation and supervision for the treatment of gambling disorder, Member Motivational Interviewing Network of Trainers, training and presenting Motivational Interviewing and other evidenced based treatments on the diagnosis and treatment of gambling disorder, addictions, behavior change, Art Therapist. Teaching and supervision interests: Addictions, motivational interviewing, group dynamics, individual and group psychotherapy for the treatment of addiction.

CHERNYK, Benita, Ph.D. , Kent State University, 1990. M.S. Clinical Psychopharmacology, Fairleigh Dickenson University, 2012. Assignment: Mental Health Ambulatory Care Clinic. Theoretical orientation: Integrative eclectic. Clinical specializations: Female veterans, sexuality issues, CBT, DBT, SUD. Publications, presentations and research interests: Eating disorders, LGBT, program development and implementation, employee assistance and corporate consultation. Professional organizations: Ohio Psychological Association, Employee Assistance Professionals Association . Teaching and supervision interests: Individual and group psychotherapy.

FLORES, Heather, Psy.D., La Salle University, 2007. Assignment: PTSD Clinical Team and Veterans Addiction Recovery Center; PTSD/SUD Services Coordinator. Theoretical orientation: Cognitive behavioral. Clinical specialization: PTSD assessment and treatment, substance use disorders, dialectical behavior therapy. Publication/research interests: PTSD, evidence based treatments, suicidology, resiliency, clinical program development. Professional membership: International Society for Traumatic Stress Studies; APA Division 56, Trauma Psychology. Training/supervision interests: Individual and group psychotherapy, treatment of PTSD, professional development/identity issues, vertical supervision.

GOLDBERG, Robert W., Ph.D., University of Michigan, 1971. Diplomate - Clinical (ABPP), Diplomate-Forensic (ABPP), Distinguished Practitioner in Psychology, National Academies of Practice. Associate Chief, Section Chief, (Academics, Education, & Training), Director of Psychology Training, Chair, Facility Psychology Professional Standards Board. Theoretical orientation: psychodynamic. Clinical specialization: individual and group psychotherapy, psychological assessment, forensic psychology, psychoanalytic theory. Publications: history of professional psychology, negative outcomes of therapy, personality assessment, ego development and object relations. Research interests: professional training, Rorschach validity, history of professional psychology. Academic appointments: Adjunct Professor of Psychology, Kent State University; Adjunct Professor of Psychology, John Carroll University; Adjunct Professor of Psychology, Case Western Reserve University; Clinical Assistant Professor of Psychiatry, Case Western Reserve University, School of Medicine. Professional activities outside of the VA: independent practice; former Chair, VA Psychology Training Council; former President, APA Division 18

(Public Service); former Corresponding Secretary, American Board of Forensic Psychology; former Secretary, Board of Directors, Association of Psychology Postdoctoral and Internship Centers; former Chair, VA Section, APA Division 18; Editor Emeritus, *The ABPP Specialist*; Editor, *APPIC e-Newsletter*. Professional organizations: American Psychological Association (Fellow), Ohio Psychological Association, American Academy of Forensic Psychologists (Fellow), Academy of Clinical Psychologists (Fellow), American Psychology-Law Society, National Academies of Practice. Teaching and internship supervision interests: psychodynamic psychotherapy, projective assessment, forensic consultation; history of professional psychology.

GOLDEN, Catherine, Ph.D., Ohio University, 2009. Assignments: Psychosocial Residential Rehabilitation Treatment Program. Theoretical Orientation: Cognitive Behavioral. Clinical Specializations: Severe Mental Illness; Family Therapy; Cognitive Processing Therapy; Capacity Evaluations. Publications and research interests: Self-perception in people with mental illness. Professional organizations: American Psychological Association; Ohio Psychological Association. Teaching and supervision interests: Differential diagnosis of severe mental illness; Recovery oriented systems based treatment.

HOAG, Megan, Psy.D., Indiana University of Pennsylvania, 2012. Assignments: VARC Women's Treatment Program, Team Leader. Theoretical Orientation: Cognitive behavioral. Clinical Specializations: Substance use treatment, women's specific mental health treatment, health psychology. Publications and Research Interests: Body image and disordered eating, women's substance use treatment considerations, law enforcement selection. Professional organizations: American Psychological Association, Division 35 (Psychology of Women), Ohio Psychological Association. Teaching and supervision interests: Group dynamics and psychotherapy, motivation, substance use treatment for women.

KNETIG, Jennifer , Ph.D. Fielding Graduate University, 2012. Assignment: Military Sexual Trauma Coordinator; Domestic Violence/Intimate Partner Violence Program Assistance Coordinator; Women's Health Clinic; Mental Health Ambulatory Care Center. Theoretical orientation: Psychodynamic. Clinical Specializations: Sexual Trauma; PTSD; Complex Trauma; Dialectical Behavioral Therapy; Cognitive Processing Therapy; Group Psychotherapy. Publications and Research Interests: Psychotherapy; Complex Trauma. Professional Organizations: American Psychological Association; Ohio Psychological Association (Advocacy Committee); Cleveland Psychological Association (Secretary.) Teaching and Supervision Interests: Psychodynamic Psychotherapy.

KOZLOWSKI, Neal, Ph.D., Loyola University Chicago, 2003. Assignments: Parma Mental Health Ambulatory Care Clinic. Theoretical orientation: experiential, cognitive-behavioral. Clinical specialization: Serious mental illness, dual diagnosis, addictions. Teaching and research interests: Dual diagnosis treatment, cognitive rehabilitation of schizophrenia, management of mentally ill criminal offenders, management of confidentiality and HIV, ethical issues in the training of psychology graduate students.

KRIEGER, Seth, Psy.D., Georgia School of Professional Psychology at Argosy University, 2004. Assignment: Home Based Primary Care. Theoretical Orientation: Eclectic, Cognitive Behavioral and Psychodynamic. Clinical Specialization: Behavioral Medicine, compliance with medical care, relaxation training, biofeedback, pain management, treatment of psychological factors affecting physical health, treatment of sleep disorders and presurgical evaluation. Research interests: Ethical considerations affecting healthcare and quality of life, personality disorders, health psychology and relaxation training.

Professional Organizations: American Psychological Association. Teaching and supervision interests: Ethics, sleep disorders, individual therapy, and health psychology.

LAMOUREUX, Brittain, Ph.D., Kent State University, 2011. Assignments: PTSD Clinical Team; PTSD/SUD Residential Treatment Program, Lead Therapist. Theoretical orientation: Integrative, evidence-based. Clinical specializations: the assessment and treatment of trauma-related psychological issues. Publications and research interests: developing and evaluating evidence-based interventions for addressing trauma-related issues, the impact of childhood trauma on functioning in adulthood, resilience, assessment of depression/suicide in primary care settings. Professional organizations: American Psychological Association, Ohio Psychological Association, International Society for Traumatic Stress Studies. Teaching and supervision interests: Assessment and treatment of PTSD and co-occurring disorders, individual and group psychotherapy.

MCCUTCHEON, Kevan, Ph.D. University of Cincinnati, 1989. Assignments: Mental Health Ambulatory Care Center, Team Leader of Dialectical Behavior Therapy (DBT) program. Theoretical orientation: Acceptance-based approaches, psychodynamic. Clinical specializations: Acceptance and Commitment Therapy (ACT), Linehan-trained in DBT, application of mindfulness to individual and group psychotherapy, sexual trauma among men and women, Prolonged Exposure Therapy, designing treatment protocols, couples therapy, addictions. Publications and research interests: none. Professional Organizations: Association for Contextual Behavioral Science, American Psychological Association, Ohio Psychological Association. Teaching and supervision interests: Consultant/trainer for VA National Rollout of ACT, dynamic processes in supervision, ACT, DBT, MBCT, mindfulness and spiritual aspects of psychotherapy. Professional activities outside the VA: private practice.

RENNER, Kerry, Ph.D., Northern Illinois University, 2008. Assignments: Clinical Psychologist on the Posttraumatic Stress Disorder Clinical Team; Local Evidence-based Psychotherapy Coordinator; Regional Cognitive Processing Therapy Trainer/Consultant and National Consultant. Theoretical orientation: Cognitive-Behavioral integrated with Interpersonal. Clinical Specialization: Assessment and treatment of PTSD, Trauma, and Anxiety disorders; Evidence-Based Practice in general and the use/development of Evidence-Based Psychotherapies (e.g., CPT, PE, CBT-Insomnia, etc.), veteran reintegration/adjustment post-service, understanding the impact of moral injury on recovery. Publication/Research Interests: Effective treatments for PTSD (Current research includes CERV-PTSD Study examining PE and CPT in veteran population; Local Site Investigator for this 17-site Cooperative Studies Program research), integrated treatments for PTSD/SUD, patient satisfaction & program development, integrated care for OEF/OIF veterans, persistent guilt/moral injury. Professional Membership: American Psychological Association, International Society for Traumatic Stress Studies. Training/Supervision Interests: Individual and group psychotherapy, evidence-based treatments for PTSD (CPT/PE), program development, evidence-based practice through an information scientist approach, diagnostic assessment.

RIDLEY, Josephine, Ph.D., Clinical Psychology, West Virginia University, 1997. Assignments: Program Manager, Psychiatry Day Hospital; Associate Professor, Psychology Dept., Case Western Reserve University; Chair, Psychology Service Diversity Committee; Program Director, Clinical Psychology Postdoctoral Residency; Major Preceptor, Psychosocial Rehabilitation for the Seriously Mentally Ill Residency; Member, LSCVAMC Institutional Review Board. Theoretical Orientation: Cognitive-Behavioral; Behavioral; Integrative. Publications and Research Interest: Depression, Suicide, Anxiety Disorders, PTSD. Professional Organizations: Association of Black Psychologists (ABPsi); Ohio Suicide Prevention Foundation Advisory Committee. Teaching & Supervision Interests: Differential Diagnosis/Psychological Assessment; Assessment &

Management of Suicide Risk; Cognitive-Behavioral Therapy (CBT); CBT for Psychosis; Individual and Group Psychotherapy.

SLEPECKY, Rachel, Ph.D., The University of Akron in 2007. Assignments: Inpatient Psychiatry (WCT6), ward psychologist; Mental Health Outpatient Clinic – individual and couples and family therapy. Theoretical Orientation: Integrative with components of cognitive-behavioral and humanistic orientations. Clinical Specializations: Individual, couples, and family therapy; diagnostic assessment; consultation; group psychotherapy. Publications and Research Interests: Serious Mental Illness (SMI); personality disorders; supervision. Professional Organizations: Ohio Psychological Association. Teaching and supervision interests: Group psychotherapy; interprofessional consultation; professional development issues.

WHITE, Joshua, Psy.D. Indiana State University, 2009. Assignments: Team Leader - Veterans Addictions Recovery Center (VARC) - Men's Residential Treatment Program. Theoretical orientation: Cognitive-Behavioral/Integrative. Clinical specializations: Psychological Assessment; Group and Individual Psychotherapy; Addictions Treatment; VA certified provider of Motivational Enhancement Therapy (MET). Publications and research interests: Addiction assessment/treatment, forensic psychology, motivational interviewing, Transtheoretical Model of Change. Teaching and supervision interests: Individual and group psychotherapy focused on treatment of addiction utilizing cognitive-behavioral, mindfulness, and motivational approaches; Early career professional issues; Screening, Brief Intervention, and Referral to Treatment (SBIRT).

YAHNEY, Eric Ph.D., University of Akron, 1999. Assignment: Parma Veterans Addiction Recovery Center. Theoretical Orientation: Cognitive Behavioral Theory, Strategic & Social Learning Theory. Clinical specialization: individual, couples and group therapy, assessment, general addictions. External to the VA interests: private practice, vocational counseling, professional consultation, community outreach programming. Research and Publications: Instructional models of teaching and communication. Teaching and special interests: individual psychotherapy, brief & solution-focused therapy, addictions.

YAMOKOSKI, Cynthia, Ph.D., University of Akron, 2006. Assignment: Team Leader, PTSD Clinical Team; national consultant for Prolonged Exposure for PTSD; National Center for PTSD mentor; VISN PTSD community of practice workgroup co-lead; major preceptor of Clinical Psychology Postdoctoral Residency Special Emphasis in PTSD. Academic appointment: Senior Clinical Instructor Case Western Reserve University, School of Medicine. Theoretical orientation: integrative with predominant components of cognitive-behavioral and humanistic orientations. Clinical specialization: PTSD assessment and treatment, combat-related guilt and moral injury, suicidology. Publication/research interests: PTSD, moral injury, suicidal thoughts and behaviors, interaction of cognitive processes and affect/emotions in psychological disorders, therapist self-care. Professional membership: American Psychological Association. Training/supervision interests: individual and group psychotherapy, evidence-based practices, diagnostic assessment.

REHABILITATION PSYCHOLOGY PROGRAM

REHABILITATION PSYCHOLOGY

(1 Resident every 2 years)

The mission of the Rehabilitation Psychology Residency is to implement a biopsychosocial model aimed at improving the health, independence, quality of life, and productivity of people with disabilities, from acute care throughout the lifespan. The program is based on functional competencies as defined by the American Board of Rehabilitation Psychology. Consistent with 2012 APA training guidelines, program duration is two years in order to provide depth and breadth of experience at a specialist level. Residents will attain competencies to engage in specialty practice focused on core rehabilitation diagnoses, including spinal cord injury, traumatic brain injury (TBI), amputation, stroke, multiple sclerosis, and orthopedic disorders. The resident advances to an independent practice level through a program of supervision and didactics that affords increasing autonomy in decision-making and provision of services.

Advanced Functional Competencies for the Resident in Rehabilitation Psychology:

1. Gain working knowledge about the medical aspects of disability for various disorders, encompassing pathophysiology, epidemiology, impairments, functional status, expected outcomes, complications, disease course, and rehabilitative therapies.
2. Conduct rehabilitation-oriented assessments, focusing on the medical, psychological, social, and environmental variables that affect adjustment to disability, such as nature/extent of preserved abilities, personality/emotional functioning, cognitive abilities, substance abuse, pain, sexuality, family dynamics, community context, and cultural background.
3. Provide treatment to patients and families that incorporates disability-specific knowledge and seeks to maximize the individual's participation and quality of life, based on an individualized assessment of strengths/challenges and using evidenced-based behavioral, existential-humanistic, psychoeducational, cognitive, or other approaches as necessary. Treatment formats include individual, group, and telehealth interventions.
4. Develop interdisciplinary team consultation skills, working with physicians, therapists, etc. to promote psychological understanding of persons served and becoming a resource for addressing behavioral barriers.
5. Contribute to rehabilitation program development and program evaluation activities.
6. Acquire an appreciation for consumer protection and ethics in rehabilitation and advanced knowledge of APA's Ethical Principles. Become familiar with relevant laws affecting persons with disability (e.g., the Americans with Disabilities Act)

7. Engage in professional development through organizations such as APA's Division 22 (Rehabilitation Psychology) and/or the Academy of Spinal Cord Injury Professionals.
8. Provide effective teaching and supervision to interns.
9. Conduct a scholarly or research project focusing on a physical disability-related topic

PROGRAM STRUCTURE

The program is divided into four six month blocks over Years One and Two. Year One centers on the acquisition of required competencies for serving acute inpatient rehabilitation programs, specifically the Spinal Cord Injury (SCI) Unit and the Physical Medicine and Rehabilitation (PM&R) Service. For the initial six months, the resident works exclusively on the inpatient SCI Unit. For the second six month block, the resident provides service to the inpatient PM&R Unit. An eight-hour per week enrichment during the second half of Year One offers advance experience in pain assessment and rehabilitation. By the end of Year One, the resident will have proficiency in providing rehabilitation psychology services in an inpatient context.

Year Two offers experience in outpatient and long-term care settings. The first six months develops skills in working with persons who have brain impairment, with clinical time divided between the Polytrauma Rehabilitation program and the Neuropsychology Service. The final six months takes place in the SCI Clinic and Long Term Care settings. By the end of Year Two, the resident will have experience over the entire continuum of care in rehabilitation and exposure to a wide range of disability diagnoses and clinical situations.

For the entire two years, the resident will have eight hours per week of protected time for research. Presentation of a scholarly project in a Grand Rounds format is required, and at least one poster presentation at a professional meeting during the two years is highly encouraged. Additional activities include postdoctoral seminars on general practice issues, supervision skills, and rehabilitation psychology.

A. Core Clinical Specialty Rotations:

1. **Spinal Cord Injury Unit (32 hours/week for 6 months acute inpatient, Year One; and 32/hours/week Outpatient and Long-term care in Year Two)**

Cleveland's Spinal Cord Injury Center is one of 24 specialty care hubs within the VA Spinal Cord System of Care and is one of the few designated as a Center of Excellence. The Center has a lengthy history of service, founded in the early 1970s to treat injured veterans returning from Vietnam, and psychology has been an integral part of the unit since its inception.

The Center consists of an outpatient clinic for primary care of SCI veterans, a 32-bed inpatient unit devoted to a CARF-accredited acute rehabilitation program and sustaining care of long-term secondary complications of SCI, and a 26-bed long term care unit. The unit is served by three full-time psychologists. All patients are evaluated at least annually by psychology, with services ranging from brief screening to intensive inpatient treatment in conjunction with the interdisciplinary team. The resident will provides a mixture of services: annual preventive health screenings; individual psychotherapy; group psychotherapy; and inpatient consultation and treatment, including neuropsychological assessment of co-occurring traumatic brain injury.

The Spinal Cord Center has active research programs on management of pressure ulcers, telehealth, and vocational rehabilitation.

2. **Physical Medicine and Rehabilitation Service (24 hours/week for 6 months, Year One)**

The Physical Medicine and Rehabilitation Service operates a 10-bed, CARF-accredited general rehabilitation program serving veterans with amputation, TBI, stroke, orthopedic problems, neuromuscular disorders, and debility. The resident will function as an integral team member, assessing every person admitted to the program, addressing psychological barriers such as depression, anxiety, substance use, adherence issues, etc, and attending interdisciplinary rounds. The unit provides an ideal context for broad exposure to typical disability populations in short-term inpatient rehabilitation. In addition, the resident may facilitate a psychotherapy group for veterans with amputation.

3. **Pain Management Enrichment (8 hours/week for 6 months, Year One)**

A significant percentage of people with disabilities experience chronic pain, and pain assessment is a competency mandated by the American Board of Rehabilitation Psychology. The resident will receive advanced training in pain evaluation and management. The Pain Management Center is a clinic within the Anesthesia Department. The resident will assess and treat patients with various chronic pain disorders both individually and as part of an interdisciplinary team in a CARF-accredited outpatient program. Treatment modalities include learning to utilize various biofeedback interventions; using evidence-based cognitive behavioral techniques for managing pain; teaching self-regulatory techniques such as self hypnosis, autogenic training, and progressive muscle relaxation. The resident may participate in a weekly interdisciplinary journal club. Topics include biofeedback, assessment, pain literature updates, treatment approaches, and discussion of challenging cases.

4. **Polytrauma Program (16 hours/week for 6 months, Year Two)**

The Polytrauma Center is an interdisciplinary outpatient treatment team that coordinates care for combat veterans exposed to explosions, often with co-occurring bodily injury, concussion, and post-traumatic stress disorder (PTSD). The Center includes two psychologists, a rehabilitation psychologist and a clinical psychologist with experience in behavioral medicine. The resident will consult with the polytrauma team regarding emotional and cognitive disorders, provide family consultation and guidance, and conduct individual therapy. Rehabilitation psychology also provides a cognitive screening evaluation service to the program. The resident may facilitate a polytrauma group intervention.

5. **Neuropsychology Service (16 hours/week for 6 months, Year Two)**

The experience will focus neuropsychological assessment of traumatic brain injury as well as advanced practice in capacity evaluation. The resident will gain expertise in the differential diagnosis of PTSD and cognitive impairments arising from TBI. In addition, residents will develop skill in generating recommendations to guide the rehabilitation process.

6. **Scholarly Research/Program Evaluation (8 hours/week for 24 months)**

The resident undertakes a clinical or applied research protocol or program evaluation project to be completed during the fellowship year. Within the first month, the resident will complete mandatory training in Good Clinical Practice and Human Subject's Protection, and will complete credentialing required by the local Institutional Review Board to participate in VA research. By

the third month of the fellowship, the resident will have a plan for a defined research or program evaluation project. This project is to include literature review, methodology, data collection or review, and conclusions. The results will be presented formally by the resident by the conclusion of the fellowship year in a suitable format (e.g. Grand Rounds presentation). The resident may elect to become involved in an ongoing project at the training site, or to develop an investigator- initiated project.

REHABILITATION PSYCHOLOGY STAFF

DIXON, Thomas, Ph.D., Case Western Reserve University, 1989. Diplomate – Rehabilitation Psychology (ABPP). Assignment: SCI Unit/General Rehabilitation; Rehabilitation Psychology Program Director. Theoretical orientation: Eclectic. Clinical specialization: Rehabilitation Psychology. Publications: traumatic brain injury, self-awareness. Research interests: community integration following disability, applied personality and social psychology. Professional organizations: Academy of Spinal Cord Injury Professionals, APA Division 22 (Rehabilitation Psychology), American Association of Spinal Cord Psychologists and Social Workers. Teaching and supervision interests: adaptation to disability, working on interdisciplinary teams, co-occurring SCI/TBI, and vocational rehabilitation.

HEINZ, Sara E., Psy.D., La Salle University, 2011. Assignments: Blind Rehabilitation Center, TBI/Polytrauma Program, Neuropsychology Consultation Service. Theoretical orientation: Cognitive - behavioral and Acceptance-based approaches though primarily integrative. Clinical specializations: Rehabilitation Psychology, individual psychotherapy and group psychotherapy that emphasize assessment of and treatments for adjustment to disability and management of chronic illness, and neurocognitive assessment. Additional clinical specializations in CBT, Motivational Interviewing, Acceptance and Commitment Therapy, grief and bereavement, obesity/weight loss and bariatric surgery, Mindfulness-based Stress Reduction, Dialectical Behavior Therapy, Schema Therapy. Research interests: the influence of peer support in rehabilitation settings, psychosocial adjustment to blindness, cognitive assessment and cognitive enhancement therapies following brain injury, and response to disability and its effect on treatment adherence and clinical outcomes.

KUEMMEL, Angela, Ph.D., ABPP Nova Southeastern University, 2009. Diplomate – Rehabilitation Psychology (ABPP). Assignment: SCI Unit; Program Director of Rehabilitation Psychology Internship Track, Pre-doctoral Training Committee Member, Diversity Committee Member. Theoretical orientation: Eclectic. Clinical specialization: Rehabilitation Psychology. Publications: Training and supervision, international accessibility, and abuse of people with disabilities. Research interests: Abuse and caregiving of people with disabilities, adjustment to disability, and chronic pain management in patients with SCI. Professional Organization Leadership Roles: American Psychological Association, Division 22 (Rehabilitation Psychology), Awards Committee Chair, Co-Chair and Public Interest Representative on APA's Committee for Early Career Psychologists. Teaching and supervision interests: Supervision of students with disabilities, post-doctoral training guidelines for rehabilitation psychology.

OTHER STAFF QUALIFICATIONS

BARACH, Peter M., Ph.D., Case Western Reserve University, 1982. Assignments: Compensation & Pension examinations. Theoretical orientation: Psychodynamic, EMDR, eclectic. Clinical specializations: dissociative disorders, PTSD, adult survivors of childhood sexual abuse. Publications and research interests: Treatment guidelines for dissociative identity disorder; disordered attachment and chronic dissociation. Professional organizations: American Psychological Association. Teaching and supervision interests: Dissociative disorders.

BREGLIA, Daniel Psy.D., Widener University, 2005. Assignment: PTSD Clinical Team, Residential Trauma Treatment Program at Wade Park. Theoretical Orientation: eclectic, cognitive-behavioral, experiential, and systems theory. Clinical Specialization: Sexual trauma & compulsivity; family & couples therapy; forensic psychology; general biofeedback. Research interests: emotion theory; process-experiential therapy; offender treatment outcomes. Supervision interests: psychotherapy, case conceptualization, and therapeutic alliance.

DELAMATRE, James, Ph.D., University of Akron, 1995. Assignments: Section Chief, Assessment and Consultation Section; Director, Employee Assistance Program; Coordinator, Mental Health Compensation and Pension Evaluations; Chair, Police Evaluation Committee; Secretary, Facility Psychology Professional Standards Board. Theoretical orientation: Integrative eclectic. Clinical specializations: assessment, health psychology. Publications and research interests: clinical use, theoretical validity, and psychometric properties of assessment instruments. Professional organizations: Association of VA Psychology Leaders. Teaching and supervision interests: assessment and evaluation, individual and group psychotherapy.

DILLON, Gina, Psy.D., Xavier University, 2010. Assignments: Parma Mental Health Ambulatory Care Center. Theoretical orientation: Eclectic, with emphasis on Acceptance and Commitment Therapy (ACT) and Evidence Based Treatments for PTSD. Clinical specializations: Treatment and assessment of PTSD; individual and group psychotherapy; provider status in Cognitive Processing Therapy for PTSD. Publications/research interests: PTSD; the role of supportive/adjunctive groups during intensive PTSD treatment; attitudes of providers working with the SMI population. Professional organizations: Ohio Psychological Association. Teaching and supervision interests: treatment and assessment of PTSD; individual and group psychotherapy; professional identity/development issues.

HRITZ, Elizabeth, Ph.D., Duquesne University, 2011. Assignment: Primary Care Mental Health Integration, Parma clinic; Theoretical Orientation: Integrative humanistic and existential-phenomenological utilizing Acceptance and Commitment, mindfulness, cognitive-behavioral, and Motivational Interviewing methods. Clinical specialization: Diagnostic assessment; individual and group psychotherapy, particularly recovery for enhancing collaborative self-management of complex pain, metabolic, and sleep disorders within a rehabilitative model of care.

JOLLY, Jacqueline, K. Ed.D., University of San Francisco, 2000. Assignment: Wade Park Mental Health Ambulatory Care Clinic. Theoretical orientation. Cognitive-Behavioral, Family and Organizational Systems, Brief Psychodynamic such as Time-Limited Dynamic Psychotherapy (TLDP). Clinical Specialization: Dual diagnosed and seriously mentally ill, assessment, psychotherapy with individual,

family, couples and groups. Research: Nonverbal Creative Abilities in Cognition, outcomes research. Teaching and internship supervision interests: prevention, psychotherapy, counseling.

JORGE, Michael C., PhD, University of Miami, 1992. Assignment: Mental Health Ambulatory Care Clinic, Parma; Primary Care Mental Health Integration Clinics, Wade Park and Parma. Theoretical orientation: cognitive-behavioral. Clinical specialization: posttraumatic stress disorder (PTSD); cognitive based therapy for depression; anxiety disorders; organization development and consulting; executive coaching and mentoring; leadership development. Presentations/publications: chronic pain; leadership development; organization development.

KRIEGER, Seth, Psy.D., Georgia School of Professional Psychology at Argosy University, 2004. Assignment: Home Based Primary Care. Theoretical Orientation: Eclectic, Cognitive Behavioral and Psychodynamic. Clinical Specialization: Behavioral Medicine, compliance with medical care, relaxation training, biofeedback, pain management, treatment of psychological factors affecting physical health, treatment of sleep disorders and presurgical evaluation. Research interests: Ethical considerations affecting healthcare and quality of life, personality disorders, health psychology and relaxation training. Professional Organizations: American Psychological Association. Teaching and supervision interests: Ethics, sleep disorders, individual therapy, and health psychology.

MAZZEO, Corrie, Psy.D., Chicago School of Professional Psychology, 2008. Assignment: Parma Mental Health Ambulatory Care Center, Parma Primary Care-Mental Health Integration. Theoretical Orientation: eclectic with emphasis on Acceptance and Commitment Therapy (ACT) and Evidence Based Treatments for PTSD. Clinical Specialization: assessment and treatment of PTSD, primary care-mental health, individual psychotherapy, group psychotherapy. Research Interests: Primary Care-Mental Health Integration, OEF/OIF veteran population. Professional Organizations: American Psychological Association, Ohio Psychological Association. Teaching and supervision interests: Behavioral health interventions, PTSD, trauma focused therapy for OEF/OIF veterans, individual and group psychotherapy.

PADIN-RIVERA, Edgardo, Ph.D., Vanderbilt University, 1987. Assignment: Chief, Psychology Service, Clinical specialization: PTSD interventions; addiction rehabilitation counseling. Research interests: change and intervention variables in group processes; variables associated with addiction and compulsive behaviors; PTSD Interventions. Professional Associations: International Society for Traumatic Stress Studies (ISTSS). Teaching and supervision interests: PTSD treatment, group process; systems consultation; addiction and compulsive behaviors; alternative intervention paradigms.

PEREZ, Sara, Ph.D., Kent State University, 2008. Assignment: PTSD Clinical Team. Theoretical orientation: Cognitive-behavioral, eclectic. Clinical specialization: Individual and group psychotherapy, assessment, women's mental health, trauma. Intensive training and experience in Dialectical Behavior Therapy (DBT), Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). Publications/Presentations: PTSD and intimate partner violence, cognitive behaviorally based treatments for PTSD secondary to intimate partner violence, and empowerment as a resiliency factor in the face of traumatic events. Teaching and supervision interests: Empirically based treatments for PTSD, DBT, individual and couples therapy.

REED, Jamie, Psy.D., The Chicago School of Professional Psychology, 2010. Assignments: Domiciliary; Psychologist. Parma Outpatient Clinic; Psychologist. Theoretical orientation: Humanistic (Client-Centered). Clinical specializations: Couples and Family Therapy. Publications and research interests: animal-assisted interventions, use of play in therapy/play therapy. Professional Organizations: American Psychological

Association, Ohio Psychological Association. Teaching and supervision interests: Individual and family therapy, animal-assisted interventions.

SHARKANSKY, Erica J., Ph.D., Indiana University, 1995. Assignment: Employee Assistance Program/Compensation and Pension Examinations, PTSD Clinical Team. Theoretical orientation: Cognitive-behavioral and interpersonal. Clinical specialization: Individual and group psychotherapy, assessment, women's mental health, trauma. Intensive training and experience in Dialectical Behavior Therapy (DBT), Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). Publications/Presentations: Impact of mental illness on healthcare utilization, identification and management of sexual-trauma related disorders in the primary care setting, impact of coping on development of PTSD, PTSD and substance use comorbidity. Professional organizations: American Psychological Association. Teaching and supervision interests: Women's mental health, DBT, managing trauma in primary care, PTSD.

STAFFORD, Kathleen P., Ph.D., Kent State University, 1977. Diplomate – Forensic Psychology (ABPP). Assignments: Wade Park Mental Health Ambulatory Care Clinic; Clinical Training Committee. Theoretical orientation: Cognitive-Behavioral. Clinical specializations: Assessment, individual/group psychotherapy, forensic psychology, addictions, risk assessment, evaluation of competencies. Academic appointment: Adjunct Associate Professor of Psychology, Kent State University. Publications and research interests: Book chapters on civil commitment, mandated outpatient treatment, evaluation of trial competency and criminal responsibility, psychological testing. Articles in refereed journals on mental health courts, symptom validity tests, and personality inventories. Professional organizations: American Board of Forensic Psychology Examination Faculty, 2006-2012; American Psychological Association, Divisions 12 and 41; Past Chair, APA Ethics Committee; Member and Past President, American Board of Forensic Psychology and American Academy of Forensic Psychology. Teaching and supervision interests: Psychological assessment, forensic psychology, individual/ group psychotherapy, risk assessment, professional standards and ethics.

WOOD, Rita, Psy.D., Forest Institute of Professional Psychology, 2003. Assignment: Supervisory Psychologist for Community Based Outpatient Clinics; Akron Community Based Outpatient Clinic; Home-Based Primary Care program. Theoretical Orientation: eclectic, primarily cognitive-behavioral orientation. Clinical specialization: individual and group psychotherapy, seriously mentally ill, assessment, and substance abuse. Certified in prolonged exposure therapy and biofeedback. Professional organizations: American Psychological Association and Ohio Psychological Association. Teaching and supervision interests: individual and group psychotherapy, assessment, and evaluation.

YAHNEY, L. Peach, Ph.D. University of Akron, 2004. Assignment: Canton Community Based Outpatient Clinic. Theoretical orientation: Cognitive-Behavioral. Clinical specialization: individual and group psychotherapy; assessment, psychological factors affecting physical health, promoting health behaviors, stress management and addiction. Professional organizations: American Psychological Association and Ohio Psychological Association. Teaching and supervision interests: individual and group psychotherapy, assessment, and evaluation.

YOUNG, Graham D., Ph.D., University of Akron, 2003. Assignment: Team Leader, Veterans Addiction Recovery Center (VARC) EPIC Intensive Outpatient Program and the Day Track outpatient program. Member of the Psychology Professional Standards Board. Theoretical orientation: eclectic, contemporary psychodynamic, cognitive-behavioral. Clinical specialization: assessment (differential diagnosis, civil forensic evaluations, vocational assessment) and individual psychotherapy. Certified in the Clinical Practice of Cognitive Therapy from The Cleveland Center for Cognitive Therapy (2008). Research and publications: Transtheoretical Model of Change, help-seeking behavior, vocational behavior, employability assessment.

Teaching/Professional interests: professional issues (e.g., the empirically-supported treatment movement/controversy; the scientific status of psychology in general and psychological intervention in particular), individual psychotherapy, personality theory/research (the impact of personality on problems of everyday living and the expression of psychopathology; implications of personality for differential diagnosis), and psychopathology. Professional activities: private practice.

YOUNG, Kevin R., Ph.D., Central Michigan University, 2008. Assignment: Veterans Addiction Recovery Unit - Wade Park. Theoretical orientation: primarily cognitive-behavioral. Clinical specialization: assessment, individual psychotherapy, group psychotherapy. Current research: Psychometric properties of clinical assessment instruments, training outcomes measurement, Alexithymia reduction treatment, motivational interviewing (and permutations thereof), pathological gambling assessment and outcomes. Recent publications: psychometric properties of addictions assessment instruments, training outcomes measurement, risk management, diabetic treatment outcomes. Teaching interests: psychometrics and statistics, integration of research into clinical practice, substance abuse treatment modalities, clinical assessment.

